LAVERNE M. JENKINS MEMORIAL SCHOLARSHIP APPLICATION
College of Education, Health and Human Services

Deadline for submitting an application is **February 14**.

**PURPOSE OF THE SCHOLARSHIP**
The LaVerne M. Jenkins Memorial Scholarship is available to a deserving student who is enrolled as a student in the College of Education, Health and Human Services and in good academic standing.

**AWARD AMOUNT**
Varies – based on amount available.

**CRITERIA FOR ELIGIBILITY**
- Recipient must be enrolled in a degree program in the College of Education, Health and Human Services
- Recipient must be a student with Junior standing or above
- Recipient must have a minimum of a 3.0 cumulative GPA
- Recipient must have demonstrated financial need (FAFSA must be on file with Student Financial Aid)

**APPLICATION AND REVIEW PROCESS**
1. Complete this application
2. Prepare a **typed essay** response to the following questions:
   a. Explain why you are deserving of this scholarship, and how receiving this scholarship will help you achieve your goals.
   b. From a financial standpoint, what impact would this scholarship have on your education?
3. Submit the completed application and typed essay response by **Feb. 14**th.
4. All submitted applications will be reviewed for match with the intended purpose of the scholarship.

---

Name_______________________________________ Kent State ID__________________
Phone___________________ KSU Email ____________________________@kent.edu

Permanent Address

No. & Street
City State Zip

Indicate your class standing for **next** academic year: FR ___ SO ___ JR___ SR ___ Will have graduated___

Master’s___ EdS ___ PhD ___

Official Declared Major: ________________________________

Current Cumulative GPA _______ Total KSU Credit Hours at end of Current Semester ______

Please indicate the percentage of funding for college expenses (tuition, books, room, board, miscellaneous expenses). The total should equal 100%.

Parents ______ Loans ______ Federal Grants ______ Self ______ Scholarships ______

Are you currently employed? Yes ____ No ____ If yes, approximately how many hours do you work per week? ____

Death application and essay by February 14th to:

Dean’s Office
College of Education, Health and Human Services
408 White Hall
Kent, OH 44242