

# JONES-ROBINSON SCHOLARSHIP APPLICATION



## OVERVIEW:

The Jones-Robinson Scholarship was created to honor the five children that perished in the Sommerset Circle fire of 1990 in Madison, Wisconsin. The children, who were African-American, came from a low-income single parent household. Following this tragedy, The Sable Flames, Inc., African-American Firefighters of the Madison Fire Department, created a scholarship fund in the children's honor. The scholarship is designed for those of a similar socioeconomic background who are aspiring to improve their lives through higher education.

## **ELIGIBILITY REQUIREMENTS:**

*Each applicant should be:*

1. Madison-area resident
2. Low-Income (based on family size and annual income)
3. High School Graduate or comparable GED
4. Overall GPA of 2.5
5. Accepted and enrolled into a degree program at an accredited College, University or Technical-College.

## **SCHOLARSHIP GUIDELINES:**

1. This scholarship application is due: Friday, May 1st, 2020.
2. Each application is eligible for one scholarship per academic school year.
3. Awards will be granted directly to the bursar's office of the educational institution.
4. Each scholarship will be \$1,500.
5. Each scholarship application must be submitted electronically to: **[sableflames608@gmail.com](mailto:sableflames608@gmail.com)**

*For questions regarding the Jones-Robinson Scholarship or the Sable Flames, contact Trevor Wiggins, Secretary at [sableflames608@gmail.com](mailto:sableflames608@gmail.com) OR visit our site [sableflames.org](http://sableflames.org).*

# JONES-ROBINSON SCHOLARSHIP APPLICATION FORM

## ACADEMIC AND GENERAL INFORMATION

### PERSONAL INFORMATION:

Applicant Name: \_\_\_\_\_  
(Last) (First) (Middle) (Suffix)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

### ACADEMIC INFORMATION:

High School: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Final Accumulative GPA: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

Date of GED/HSED Certification: \_\_\_\_\_  
*(A copy of your high school transcript must be attached to this application form for scholarship consideration)*

### POST-SECONDARY EDUCATION INFORMATION:

Institution Accepted to: \_\_\_\_\_

Degree Program Enrolled In: \_\_\_\_\_

Address of Institution: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Semester you are applying for the scholarship – Please check one: **Fall**, \_\_\_\_: **Spring**, \_\_\_\_:

**I plan to attend:** Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

# JONES-ROBINSON SCHOLARSHIP

## COMMUNITY AND EXTRACURRICULAR ACTIVITIES

Please list extracurricular high school activities you have participated in:

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Please list extracurricular college activities you have participated in:

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Please list extracurricular community activities you have participated in:

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**EACH APPLICANT MUST ATTACH:**

***\*Letters of Recommendation:***

Minimum of three with at least one from an academic setting Ex. High school counselor, teacher, college professor, etc. Please include name, address and phone number for each reference.

***\*Narrative of why you want the Jones-Robinson Scholarship:***

Must be at least one page in length and no more than two.

# Jones-Robinson Scholarship Application Form

## Family and Financial Information

### Family Information:

Are you a single Parent? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you live with your parents? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you live on your own? \_\_\_\_\_ Yes \_\_\_\_\_ No

Number of people in your family (Number includes Applicant): \_\_\_\_\_

What is your race/ethnic heritage? (check one or any combination)

\_\_\_\_\_ American Indian or Alaskan Native \_\_\_\_\_ Asian or Pacific Islander

\_\_\_\_\_ Black, not of Hispanic origin \_\_\_\_\_ Hispanic

\_\_\_\_\_ White, not of Hispanic origin

\_\_\_\_\_ Other (Please Explain)

### Financial Information:

Place of Employment: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

I am Currently working: \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time

Do you plan to work while attending school? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please check one: \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time

Please check your household income for past year:

\_\_\_\_\_ \$0 - \$9,000 \_\_\_\_\_ \$21,000 - \$27,000

\_\_\_\_\_ \$9,000 - \$15,000 \_\_\_\_\_ \$27,000 and above

\_\_\_\_\_ \$15,000 - \$21,000

Do you have any unusual financial hardships that you feel should be considered? (Please explain): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# THE SABLE FLAMES, INC. JONES-ROBINSON SCHOLARSHIP APPLICATION

Applicant Name: \_\_\_\_\_  
(Last) (First) (Middle)

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Application: \_\_\_\_\_

I, \_\_\_\_\_, understand that should I be selected for the  
(Applicant Name – Please Print)

Jones-Robinson Scholarship, this money will be used to meet my educational expenses only. I authorize The Sable Flames, Inc., to have access to all information related to my eligibility for this award. I understand that if any information on this application is found to be misleading or fraudulent, I automatically forfeit the scholarship. The Sable Flames, Inc. may use my name and likeness in news releases, social media and websites belonging to and associated with The Sable Flames, Inc if I am selected for an award. I also understand that the selection of a scholarship recipient is at the discretion of the Sable Flames, Inc. or its designee.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

SCHOLARSHIP DEADLINE: **May 1st, 2020**

**FOR COMMITTEE USE ONLY:**

Empty box for committee use only.