

Leo Crawford Scholarship

Description: One time scholarship of \$500 for participation in any Junior

Achievement elementary, middle school, or high school program

Purpose: To promote continued education for students who have

participated in JA programs

Application Deadline: March 30th of the current school year

Special Requirements: High School Senior, graduating before June 30th of the current

school year

Participation in any Junior Achievement Program during

applicant's K-12 education

Collegiate Course of Study: Major in any field

How to apply: Applications available from guidance counselors. Additional

information available by contacting:

Junior Achievement of South Dakota, Inc.

Central Processing Center

1000 N. West Avenue, Suite 110

Sioux Falls, SD 57104

Phone: 605-336-7318 or 1-800-871-7007

Email: jasd@ja.org

Submit to: Junior Achievement of South Dakota, Inc.

ATTN: Scholarship Committee 1000 N. West Avenue, Suite 110

Sioux Falls, SD 57104



JUNIOR ACHIEVEMENT OF SOUTH DAKOTA, INC.

Leo Crawford Scholarship Application

The questions that follow are designed to collect information about your background, interests, and plans. Your answers to these questions as well as the required attachments for this scholarship program will be divulged only to those qualified persons who must see them in the course of their duties.

Note: The selection of scholarship recipients will be influenced by the completeness of replies, neatness, legibility, proper grammar, punctuation, and spelling. Please type or print, using ink, and PROOFREAD your entry carefully.

| DATE | | | | | | |
|--|---|--|--|--|--|--|
| Full Name (please print or type) Mr./Miss | | | | | | |
| Parent(s) or Guardian(s) | | | | | | |
| Home Address(Number and Street) | | | | | | |
| (City) (Zip) | (Home Telephone Number) | | | | | |
| Birth Date | | | | | | |
| Required Attachments | | | | | | |
| 1. Official copy of your most recent high school transcript. | | | | | | |
| 2. Two Letters of Reference: Suggested So | ources: Teacher Counselor Employer Other | | | | | |
| Submit to: | funior Achievement of South Dakota, Inc. ATTN: Scholarship Committee 1000 N. West Avenue, Suite 110 | | | | | |

Sioux Falls, SD 57104

| A. Your Schooling | Ţ | | | | | | | |
|---|--------------------------------|--------|------------------------|-----------------------|--------------------------------------|---|--|--|
| High School | | | | | | | | |
| High School Grade | Point Average (| attach | official tra | nscr | ipt) | | | |
| List the post second | ary schools to w | hich y | ou have ap | plie | d | | | |
| | | | | | | | | |
| B. Your Activities | and Work Exp | erienc | ce | | | | | |
| List activities you ha music art, student go | | - | our school | l (suc | ch as publication | ns, deba | te, theater/drama, | |
| Activity | Gra | | Grades participated | | Offices held | Scholarships, special awards or honors | | |
| | | | | | | | | |
| | | | | | | | | |
| List sport(s) participated | l in: | | | | | | | |
| Sport | | Grade | Grades participated | | | | cholarships, pecial awards or honors | |
| | | | | | | | | |
| | | | | | | | | |
| List volunteer comm for a church, answer | | | | | | | king in a hospital or | |
| Job and kind of volunteer work | Name of agency or organization | | Grades participated | | Approximate number of hours per week | | Scholarships or special awards | |
| | | | | | | | | |
| | <u> </u> | | | | | | | |
| | <u> </u> | | | | | | | |
| List jobs (including | summer employ | ment) | you have | work | ed during the p | ast three | e or four years: | |
| Job and kind of work | Emplo | oyer | check of summer | one: schoo year | Approximat dates of employment | 1 | Approximate number of hours per week | |
| | | | | | | | | |
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| Instructions: For the following essays, please limit your response to the space provided. | | | | | |
|---|--|--|--|--|--|
| C. Describe the school, volunteer, or employment experience outside the classroom that has provided you the greatest learning opportunity. Why? | | | | | |
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| D. Describe the aspect of Junior Achievement that has had the greatest impact on your life. | | | | | |
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| E. What are your future career plans? | | | | | |
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| Media Release: I hereby grant full permission for Junior Achievement of South Dakota, Inc. to release my name and picture as recognition if named winner of the scholarship. | | | | | | |
|---|------|--|--|--|--|--|
| Signature of participant | Date | | | | | |
| Parent or guardian's signature if participant is under 18 years old. | Date | | | | | |