



Because of Joy
Scholarship Application
 Because of Joy PO Box 352
 Bedford, TX 76095
 817-371-9907
 info@becauseofjoy.com

INCLUDE THE FOLLOWING ITEMS WITH YOUR COMPLETED APPLICATION

APPLICATION CHECKLIST

- Essay (min 1 page typed) - What does YOLO mean to you?
- 2 Letters of Recommendation (non family members)
- Copy of HS or College transcripts (most recent academic transcripts from past 2 years)
- Copy of SAT or ACT scores - if you have been a recipient of the BOJ Scholarship in the past, ACT/SAT scores are not required. New letters of recommendation are required as well as current transcripts.
- Personal Statement - "Spina Bifida...how has it impacted me and how will I impact it."
- Physician's Statement of Disability Photo of applicant
- Date of Submission - Must be postmarked by April 23, 2016 to be considered for scholarship

QUALIFICATIONS

- You live in Texas (permanent residency)
- You are a High School graduating Senior or High School Graduate
- You have been diagnosed with Spina Bifida or have a sibling that has been diagnosed with Spina Bifida
- You have completed the BOJ application and have supplied all the forms and documents requested
- You mail your application by deadline date of April 23, 2016

SECTION 1 - CRITERIA

- Applicant has Spina Bifida
- Applicant's sibling has Spina Bifida
- If Yes, applicant's sibling's name and age

Sibling's Name	Age
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SECTION 2 - PERSONAL INFORMATION

First Name	Last Name	
Address		
City	State	ZIP Code
Email	Birthday	Phone No.

FAMILY INFORMATION

MOTHER's Name		
Address		
City	State	ZIP Code
Email	Phone No.	Phone Type: <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Office
Employer	Position	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced		

FATHER's Name		
Address		
City	State	ZIP Code
Email	Phone No.	Phone Type: <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Office
Employer	Position	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced		

SIBLINGS

Name	Age
Name	Age
Name	Age
Name	Age

SECTION 3 HIGH SCHOOL INFORMATION

High School		
Years Attended	Graduation Year	Cumulative GPA
Favorite Class and why?		

SAT SCORES

Math	Verbal
Writing	Combined Total

ACT SCORES

English	Math
Reading	Science
Comp: English/Writing	Composite

AWARDS RECEIVED

Award	
Description	

Award	
Description	

Award	
Description	

COLLEGE INFORMATION

Currently attending college? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, College Attending		
Hours Completed	Current Hours Taking	Cumulative GPA

SECTION 4 - EXTRACURRICULAR & COMMUNITY ACTIVITIES

Activity	Years Involved
Roles and Responsibilities	

Activity	Years Involved
Roles and Responsibilities	

Activity	Years Involved
Roles and Responsibilities	

SECTION 5 - FINANCIAL INFORMATION

Annual Household Income	No. of People Living in Household
Have you completed your FASFA application? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION 6 - EDUCATIONAL PLANS

Check all that apply: <input type="checkbox"/> Community College / Junior College <input type="checkbox"/> 4 Year College <input type="checkbox"/> Trade Vocational <input type="checkbox"/> Graduate Program	
Have you applied? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been accepted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of school/college you will attend	
College Website	
Major/Program/Specific Area of Study	
Living arrangements while attending this program	
Estimated total cost of your education for 1 year (include tuition, room, and board)	
How do you expect to finance your schooling?	
What are your career or occupational goals?	

SECTION 7 - WORK EXPERIENCE What part time or full-time jobs have you had in the last 2 years?

Employer	Position
Supervisor	Contact Phone/Email
From	To
Employer	Position
Supervisor	Contact Phone/Email
From	To
Employer	Position
Supervisor	Contact Phone/Email
From	To