

2021 Jaxson Scholar Application

The Jaxson William Augustus Swank Foundation (JWAS) has begun accepting applications for the 2021 Jaxson Scholarship recipient. Children between the ages of 2.5 and 5 years are eligible to apply for the 2021-2022 school year. Eligibility includes the following:

- The applicant must be between the ages of 2.5 to 5-years-old as of September 1, 2021.
- The child must show readiness to be in a primary environment (ability to follow direction, accept a gentle no, be potty trained, etc.).
- Families must qualify within our income guidelines of the federal poverty level (at or below \$26,200 for a family of 4) to 250% above the poverty level (\$65,500 for a family of 4).
- While families need not reside in St. Joseph County (IN), all Jaxson Scholars are expected to enroll at a school in St. Joseph County (IN).
- Jaxson Scholars and JWAS Families are expected to attend at least 75% of our annual character and leadership development programming each year.
- Families must be actively engaged at their child's school and in their learning progress. Families are expected to be sound moral examples of character while serving our community at large.
- Background checks will be run on the parents/guardians of the finalist applicants.

The mission of the Jaxson William Augustus Swank Foundation is to perpetuate Jaxson's loving memory by providing financial assistance to deserving individuals from preschool through college and to support each recipient in achieving their potential to obtain academic distinction while developing good moral character as future leaders. The Jaxson William Augustus Swank Foundation helps eligible families pay for academic tuition for their child from preschool through college.

To be considered for the 2021-2022 school year, applications must be completed by the deadline, Friday, October 30, 2020. Submitting an application does not guarantee acceptance as a Jaxson Scholar. The JWAS selection committee will work in conjunction with the parents of the applicant and the school partners to determine a child's acceptance into our Jaxson Scholar program. School partners will conduct additional family interviews and will work with the selection committee to make final decisions. JWAS intends to notify the applicants of their application status no later than December 15, 2020. If selected, the applicant and the family must apply to the chosen school and complete the FACTS (financial aid) agreement no later than February 15, 2021, and be formally accepted by the chosen school and by the selections committee as a Jaxson Scholar.

For more information about JWAS and our Jaxson Scholar application process, please contact our Executive Director, Jeanie Shuck, at (219) 898-7006 or jshuck@jwasfoundation.org.

JWAS Scholarship Application Instructions and Document Checklist

INSTRUCTIONS

- Parent(s)/guardian(s) must sign and date the application form. In two-parent households, both parents must sign.

REQUIRED DOCUMENTS

The following documents are required to determine eligibility for the JWAS Scholarship. Please mail or email COPIES of the following documents. You may also choose to upload documents below.

1) BIRTH CERTIFICATE

- Submit a copy ONLY for the child who is applying for the scholarship. The birth certificate needs to be issued from the Department of Health.

2) PAY STUBS

- Submit copies of pay stubs covering (pay dates) the last TWO CONSECUTIVE MONTHS (or at least eight consecutive weeks) for ALL household members (please indicate pay dates on your pay stubs).
- If you started a new job a letter from your employer, specifying start date, hourly wage, hours worked per week, pay periods, and your gross monthly earnings will be accepted. Gross monthly income will be used to determine eligibility.

3) OTHER DOCUMENTS

- Send verification of financial assistance, Social Security benefits, SSI, Unemployment insurance benefits, Veteran's benefits, workers' compensation, child support and/or alimony, Temporary Disability Insurance (TDI).

Please note that incomplete applications may delay processing or result in the application not being processed or considered.

Thank you for your interest in the Jaxson Scholarship!

Please submit ALL required documents via mail, email, or upload.

JWAS Foundation
Attn. Jeanie Shuck
3900 Edison Lakes Pkwy Ste 201
Mishawaka, IN 46545

jshuck@jwasfoundation.org

Child/Applicant Information

Child's Name *

First Name Middle Name Last Name

Address *

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

Date of Birth *

MM/DD/YYYY

Age on Sept. 1, 2020 *

Current School *

City of Current School *

Days/Hours Attending Current School *

Ethnicity *

Religious Affiliation *

Primary Language Spoken in the Home *

How did you hear about the JWAS Foundation and Jaxon Scholar program? *

Parent/Guardian #1 Information

Parent/Guardian #1 *

Prefix First Name Middle Name Last Name

Address *

Street Address

Street Address Line 2

Cell Phone Number *

Area Code

Phone Number

Email *

example@example.com

Education Completed Thus Far *

Occupation and Place of Employment *

Has Parent/Guardian #1 ever been convicted of a felony which has not been expunged? *

Yes

No

If yes, please explain:

Is there a Second Parent/Guardian? *

Parent/Guardian #2 Information

Parent/Guardian #2

Prefix First Name Middle Name Last Name

Address

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

Cell Phone Number

Area Code Phone Number

Email

example@example.com

Education Completed Thus Far

Occupation and Place of Employment

Has Parent/Guardian #2 ever been convicted of a felony which has not been expunged?

Yes

No

If yes, please explain:

Parent Perspective

Please answer the following questions about your child.

How would you describe your child's personality? *

What are some of your child's interests and favorite activities? *

Does your child have a nap routine? If so, please describe. *

Does your child have a nighttime routine? If so, please describe. What time does he/she go to bed? *

Does your child have any fears? If so, please describe. What techniques do you use to comfort your child? *

Does your child have the opportunity to interact on a regular basis with other children of his/her own age group? (i.e. siblings, cousins, friends, daycare, church, etc.) If so, what are some of these groups? How does your child respond to being in a group environment? *

Is your child potty trained? What does he/she need assistance with in the bathroom? Does your child tell you when they need to go to the bathroom? *

Does your child have nutrition/health needs or allergies? If so, please describe. *

Does your son or daughter have any special needs that JWAS Foundation should be aware of? If so, please explain. *

Please check any area of concern. Explain or give an example to any checked areas. *

Motor Skills

Speech

Physical Limitation

Listening

Language Skills

Attention

Visual

Behavior

Social/Emotional Development

None of the above

Explanations or examples. *

What methods of discipline do you use at home? *

Why is your child's education important to you? *

Why do you think your child would be a great Jaxson Scholar? *

How would you support your child if he/she became a Jaxson Scholar? *

What obstacles do you think might get in the way of your child's success in school? *

What would being a part of the JWAS scholarship program mean to your family? *

Please share what a typical weekend looks like for your family. *

If your family could vacation anywhere in the world, where would you like to go and why? *

Family Information

Please provide the following information for each family member currently living in your home including the parent(s)/guardian(s) listed above and the child for whom you are applying. Only list other relatives such as grandparents, aunts, uncles, and/or cousins if they are living in the home. Be sure to specify the relationship of family members to the child.

	Full Name (First, Middle, Last)	Relationship to Child	Sex (M or F)	Birthdate	Marital Status
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Family Income

Fill in the amount of each parent or guardian's monthly income for each category below. If not applicable, please list n/a for not applicable. Please provide two months of supporting documentation for ALL sources of income.

Parent/Guardian #1 Sources of Income

	Income Amount	Pay Periods
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Wages/Salaries (before deductions)		
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Net Income from Self-Employment		
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Child Support/Alimony		
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Social Security/SSI Benefits		
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Unemployment Insurance

Worker Comp/TDI

Veteran's Benefits

Other

Parent/Guardian #2 Sources of Income

Income Amount

Pay Periods

Wages/Salaries (before deductions)

Net Income from Self-Employment

Child Support/Alimony

Social Security/SSI Benefits

Unemployment Insurance

Worker Comp/TDI

Veteran's Benefits

Other

Are any additional family members contributing to the household income? *

Yes

No

If yes, what is their total annual income?

JWAS Scholar and Parent Cooperative Commitment

We value our consistent and ongoing relationships with our JWAS families if their child becomes a Jaxon Scholar. To help the JWAS Foundation cultivate confidence and success in yours, please initial the statements below.

I understand that if my child becomes a Jaxon Scholar then my Jaxon Scholar/family will be expected to participate in character development classes, retreats, social activities, etc. with other JWAS families, as well as perform community service as a part of the Jaxon scholarship. *

Initials

I understand that if my child becomes a Jaxon Scholar there will be expectations around my Jaxon Scholar's attendance, participation and overall behavior at school. I understand that I am a major contributing factor in my child's educational success and will actively participate in monthly, quarterly and annual meetings regarding my child's education. I will also communicate and seek solutions to any challenges that may arise that could prohibit my child's education endeavors.

Initials

I understand that if my child becomes a Jaxon Scholar I will be required to complete the scholarship application on an annual basis in an effort to update family income status and participation guidelines. *

Initials

Scholar Applicant Full Name and Date *

Parent/Guardian #1 Full Name and Date *

Signature of Parent/Guardian #1

I hereby certify that all information is true and correct to the best of my knowledge. I understand that any false statement may disqualify my child's Jaxon Scholar application.

Parent/Guardian #2 Name and Date *

Signature of Parent/Guardian #2

I hereby certify that all information is true and correct to the best of my knowledge. I understand that any false statement may disqualify my child's Jaxson Scholar application.