



118 East Main Street • Lebanon, OH 45036
www.jewellfoundation.org • Phone: 513-897-5629 • Fax: 513-933-8228

2024 Scholarship Application

(Please use ink or download, fill in & email back. No pencil)

Name _____

Address _____ Phone _____
(Street) (City) (State) (Zip)

High School attended _____ Grade Point Average: _____

Father's name _____ Occupation _____

Mother's name _____ Occupation _____

Number of brothers and sisters: Older _____ Younger _____

Number of brothers and sisters in post secondary education: _____

Name of school(s) where you have been accepted:

Intended Major / Minor: _____

List the activities you have participated in with your school and community.

List any special awards you have received.



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List any scholarships you have been awarded.

List any jobs or community service you have done during the past three years.

Name of Firm or Organization

Nature of Job

Dates

How would this scholarship assist you in reaching your career and educational goals?

In your own words, clearly and concisely state the reason you are applying for this scholarship.



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List any special circumstances to be considered by the scholarship committee.

Applicant Signature

Date

Return Scholarship Application to:

High School Counselor
By March 15, 2024