

# Leoma & Vernon Jenniges Scholarship

Academic Year 2026 – 2027

To: Springfield Public High School Students & Alumni  
From: Trustees for the Leoma and Vernon Jenniges Education Trust  
Re: Scholarship Application Form  
Date: February 2, 2026

Attached herewith please find a Scholarship Application Form for the Leoma and Vernon Jenniges Education Trust. As trustees for this Education Trust, we wish to thank you for expressing interest in applying for this scholarship.

In order to screen applicants as fairly as possible, it is necessary that all parts of the application form be as complete as possible. Any parts left incomplete will cause the applicant to get less than full consideration.

The Scholarship Application Form is made up as follows:

**Personal Data** - to be filled in by applicant and signed by applicant and parent or guardian

**Financial Data** - to be filled in by parents and signed by applicant and both parents; please attach a copy of last year's federal tax return

**Essay** - to be completed and no more than 1 page typed

All information obtained in the Scholarship Application forms will be held in strict confidence for review only by the Leoma and Vernon Jenniges Education Trust Trustees.

This scholarship is available to all graduates of Springfield Public High School. Scholastic achievements along with financial need will be the criteria for scholarship awards. (Applications will be scored using cumulative GPA.)

**Applications may be submitted from 3-2-2026 through 4-15-2026. Completed applications may be mailed to:**

**Leoma and Vernon Jenniges Educational Trust  
P. O. Box 126  
Springfield, MN 56087**

They may also be dropped off at the Farmers & Merchants State Bank of Springfield, 101 North Marshall, Springfield, Minnesota.

Scholarship awards will be announced during Commencement Exercises. Scholarship funds will be payable jointly to the recipients and the school upon completion of one full academic term. Applicants may re-apply for scholarships each year they are in post-secondary schools.

**Scholarship checks will be issued approximately December 31<sup>st</sup>.**

# **Leoma & Vernon Jenniges Scholarship Checklist**

Scholarship Application Form

Eligibility Acknowledgement

Applicant Data

Certification and Signatures

Essay

**Complete** Federal Tax Return including all Schedules

**Verifiable** Current Grade Transcript which includes Student Name, School Name, Date and Cumulative GPA (**Current College Students** Only)

**Applicants that do not submit everything on this checklist  
will not be considered for a scholarship award.**

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Applicant Signature Date

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Parent/Guardian Signature Date

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Parent/Guardian Signature Date

# **SCHOLARSHIP APPLICATION FORM**

**Leoma & Vernon Jenniges Educational Trust  
Springfield High School**

1. Name \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Home Address \_\_\_\_\_

City State & Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

2. Name of Parents or Guardians \_\_\_\_\_

Father's Occupation \_\_\_\_\_ Mother's Occupation \_\_\_\_\_

Parent Email Address \_\_\_\_\_

3. Number of Children in family under 18 years of age \_\_\_\_\_

4. How do you plan to pay for your expenses not covered by a scholarship? (Check appropriate answers)

Money furnished by family

Money earned during the summer

Money earned during the school year

Loans

Other (Explain special sources of income or ways to earn money) \_\_\_\_\_

5. Are you the beneficiary of any other scholarship awards? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, what awards and dollar amounts? \_\_\_\_\_

6. Have you been a recipient of the Jenniges Scholarship in the past? Yes \_\_\_\_\_ No \_\_\_\_\_

When? \_\_\_\_\_ How Much? \_\_\_\_\_

7. What high school honors or post-secondary honors have you received? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Name and complete address of the school which you will be attending: \_\_\_\_\_

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

9. What work experience have you had?

10. What are your hobbies? \_\_\_\_\_

11. Do you plan to participate in any extracurricular activities? If so, what activities? \_\_\_\_\_

12. What course of study do you plan to pursue in your post-secondary education?

13. What do you intend to do this summer?

14. Would you be willing to meet with members of the Scholarship Committee should they desire to do so?

15. Student will live: on campus off campus will commute

16. Type of program:  Undergraduate  Graduate  Postgraduate

17. Enrolled: less than half-time half-time or more full-time

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I understand that in accepting this scholarship, it is my intention to complete at least one year of school, the year in which the award is being used, and to continue school until graduation. Scholarship will be paid to the school for the second quarter or semester of the first year. Recipient will be selected on the basis of past performance,

Report 2

Date

We hereby acknowledge that eligibility for a Leoma & Vernon Jenniges Trust Scholarship requires recipients to maintain full-time student status (12 credits) **AND** a minimum GPA of 2.5 for the most recent semester. (*Special consideration regarding full-time student status **may** be granted to non-traditional, graduate or post-graduate students.*) If the recipient does not meet these eligibility requirements, the scholarship funds will be withheld. The scholarship recipient will then be given one semester to meet these academic requirements. Failure to meet these requirements in the following semester will result in cancellation of the scholarship. If the recipient earns the necessary GPA as required, the scholarship funds will be awarded upon receipt of the college transcript reflecting full-time status and a 2.5 GPA or better.

STUDENT SIGNATURE\_\_\_\_\_

PARENT SIGNATURE\_\_\_\_\_

PARENT SIGNATURE\_\_\_\_\_

# TO BE COMPLETED BY HEAD OF HOUSEHOLD

## Applicant Data

|                                  |                              |                |
|----------------------------------|------------------------------|----------------|
| Head of Household Last Name      | Head of Household First Name | Middle Initial |
| Permanent Mailing Address: _____ |                              |                |
| City                             | State                        | Zip            |

## Income, Expense and Asset Data

Income, expense and asset data for the year of **January 1, 2025 to December 31, 2025**. Please have your parent(s) fill in the following section. Information must be obtained from a completed tax return – IRS Form 1040 filing date of **April 15, 2026**.

1. Adjusted Gross Income  
(Line 11 – Form 1040).....\$ \_\_\_\_\_
2. Untaxed income and benefits  
(Social Security, AFDC, ADC, other).....\$ \_\_\_\_\_
3. Medical/Dental expenses not paid by insurance.....\$ \_\_\_\_\_
4. Total number of exemptions..... \_\_\_\_\_
5. Name of school applicant will be attending: \_\_\_\_\_
6. Projected cost of attending this school for **2026-2027** school year \$ \_\_\_\_\_

## Additional Information

The parents' current marital status is      single      married      divorced      widowed

**Total number of family members who will be attending a post-secondary school at least  $\frac{1}{2}$  time during the **2026-2027** school year, including applicant.....** \_\_\_\_\_

Please list name(s) of family members attending post-secondary school: \_\_\_\_\_

**A COMPLETE FEDERAL TAX RETURN  
(INCLUDING ALL SCHEDULES)  
MUST ACCOMPANY THIS APPLICATION**

## **Certification and Signatures**

Certification: All of the information on this form is true and complete to the best of my (our) knowledge. If asked by the Leoma and Vernon Jenniges Trustees, I (we) agree to give proof of the information that I (we) have given on this form. I (We) realize that this proof will include a copy of my (our) 2025 U.S. and/or state income tax return. I (We) also realize that if I (we) do not give proof when asked, the student may not get aid.

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Applicant's Signature

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Father's Signature

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Mother's Signature

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Month      Day      Year      Date Completed

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

## ESSAY

Complete the following thought in no more than one (1) typed page (MUST be typed): **In the essay please share your plans for school and your dreams for life after school.**