Leoma & Vernon Jenniges Scholarship

Academic Year 2025 - 2026

To: Springfield Public High School Students & Alumni

From: Trustees for the Leoma and Vernon Jenniges Education Trust

Re: Scholarship Application Form

Date: February 1, 2025

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

<u>Financial Data</u> - 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 <u>will be held in strict confidence</u> 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 3-1-2025 through 4-15-2025. 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 31st.

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, Dat and Cumulative GPA (Current College Students Only)
Applicants that do not submit everything on this checklist will not be considered for a scholarship award.

Date

Date

Date

Applicant Signature

Parent/Guardian Signature

Parent/Guardian Signature

SCHOLARSHIP APPLICATION FORM Leoma & Vernon Jenniges Educational Trust Springfield High School

	Name	Last	First	Midd	le
	Home Address				
	City State & Zip	Code			
	Email Address				
	Telephone		Cell Phone		
	Date of Birth _		Place of Birth		·
2.	Name of Parent	s or Guardians _			
	Father's Occupa	ation	Mother's Occupati	on	
	Parent Email Ad	ddress			
3.	Number of Child	dren in family unde	er 18 years of age		
ŀ.	How do you pla	n to pay for your e	xpenses not covered by a scholarship	? (Check appr	opriate answers)
	Money	furnished by family	/		
	Money	earned during the	summer		
	Money	earned during the	school year		
	Loans				
	Other (E	Explain special sou	urces of income or ways to earn mone	y)	
5.	Are you the ben	eficiary of any oth	er scholarship awards?	Yes	No
	If so, what awar	ds and dollar amo	unts?		
6.	Have you been	a recipient of the	Jenniges Scholarship in the past?	Yes	No
	When?		How Much? _		
7 .	What high scho	ol honors or post-s	secondary honors have you received?		

8.	Name and complete	address of the school which yo	ou will be attending:				
	Beginning Date:						
9.	What work experien	ce have you had?					
	a						
	b						
10.	Beginning Date:						
14.	Would you be willing	to meet with members of the S	Scholarship Committee should the	ney desire to do so?			
	Yes	No					
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			
18.	What is the anticipat	ed date (month and year) of yo	our graduation from post-second	ary program?			
which	n the award is being usecond quarter or ser	used, and to continue school ur	ntil graduation. Scholarship will	be paid to the school			
		Signe	d				
		Signe	dParent or Gual	rdian			
		Date	1				

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	Head of Household First Name		
Permanent Mailing Address:				
		Address		
City	_	State		Zip
<u>lr</u>	ncome, Expense a	and Asset Data		
Income, expense and asset data for the year of the following section. Information must be of April 15, 2025.				
Adjusted Gross Income (Line 11 – Form 1040)			\$	
2. Untaxed income and benefits (Social Security, AFDC, ADC, other)			\$	
3. Medical/Dental expenses not paid by insu	rance		\$	
4. Total number of exemptions				
5. Name of school applicant will be attending	y:			
6. Projected cost of attending this school for	2025-2026 school	l year \$		-
	Additional Inf	<u>ormation</u>		
The parents' current marital status is	single	married	divorced	widowed
Total number of family members who will be a	ttending a post-se	econdary school at l	east ½ time du	ring the 2025-2026
school year, including applicant				······ <u> </u>
Please list name(s) of family members attendi	ng nost-secondar	v school:		

A <u>COMPLETE</u> FEDERAL TAX RETURN
(INCLUDING ALL SCHEDULES)

<u>MUST</u> 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 may include a copy of my (our) 2024 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.

Applicant's Signature				
Father's Signature				
Mother's Signature				
Date Completed				
	Year	Day	Month	

Applicant:	
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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.