

Jearl Smart Foundation

Returning Student Scholarship

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Permanent Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Education

High School: _____ Year of Graduation: _____

College: _____ Bursar Address: _____

Student ID #: _____

Last Day to Drop Without Penalty: _____ Current GPA: _____

References

MAIL THIS FORM ALONG WITH YOUR OFFICIAL TRANSCRIPT AND NEXT SEMESTER CLASS SCHEDULE TO:

Jearl Smart Foundation
PO BOX 1551
Wewoka, OK 74884

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____