

2024

JONES-ROBINSON SCHOLARSHIP APPLICATION



OVERVIEW:

The Jones-Robinson Scholarship was created to honor the five children that perished in the Sommerset Circle fire of 1990 in Madison, Wisconsin. The children, who were African-American, came from a low-income single parent household. Following this tragedy, The Sable Flames, Inc., African-American Firefighters of the Madison

Fire Department, created a scholarship fund in the children's honor. The scholarship is designed for those of a similar socioeconomic background who are aspiring to improve their lives through higher education.

ELIGIBILITY REQUIREMENTS:

Each applicant should be:

1. Madison-area resident (Dane county)
2. Low-Income (based on family size and annual income)
3. High School Graduate or comparable GED
4. Overall GPA of 2.5
5. Accepted and enrolled into a degree program at an accredited College, University or Technical-College.

SCHOLARSHIP GUIDELINES:

1. This scholarship application is due: Monday July 10th, 2024.
2. Each application is eligible for one scholarship per academic school year.
3. Awards will be granted directly to the bursar's office of the educational institution.
4. Each scholarship will be \$1,000.
5. Each scholarship application must be submitted electronically to:

jonesrobinsonscholarship@gmail.com

For questions regarding the Jones-Robinson Scholarship or the Sable Flames, email jonesrobinsonscholarship@gmail.com OR visit our site sableflames.org.

JONES-ROBINSON SCHOLARSHIP APPLICATION FORM

ACADEMIC AND GENERAL INFORMATION

PERSONAL INFORMATION:

Applicant Name: _____
(Last) (First) (Middle) (Suffix)

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: ____ - ____ - _____

Email: _____

ACADEMIC INFORMATION:

High School: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone Number: ____ - ____ - _____

Final Accumulative GPA: _____ Date of Graduation: _____

Date of GED/HSED Certification: _____
(A copy of your high school transcript must be attached to this application form for scholarship consideration)

POST-SECONDARY EDUCATION INFORMATION:

Institution Accepted to: _____

Degree Program Enrolled In: _____

Address of Institution: _____

City: _____ State: ____ Zip Code: _____ Phone Number: ____ - ____ - _____

Semester you are applying for the scholarship – Please check one: **Fall**, ____: **Spring**, ____:

I plan to attend: Full Time: _____ Part Time: _____

JONES-ROBINSON SCHOLARSHIP

COMMUNITY AND EXTRACURRICULAR ACTIVITIES

Please list extracurricular high school activities you have participated in:

Please list extracurricular college activities you have participated in:

Please list extracurricular community activities you have participated in:

EACH APPLICANT MUST ATTACH:

****Letters of Recommendation:***

Minimum of three with at least one from an academic setting Ex. High school counselor, teacher, college professor, etc. Please include name, address and phone number for each reference.

****Narrative of why you want the Jones-Robinson Scholarship:***

Must be at least one page in length and no more than two.

Jones-Robinson Scholarship Application Form

Family and Financial Information

Family Information:

Are you a single Parent? _____ Yes _____ No

Do you live with your parents? _____ Yes _____ No

Do you live on your own? _____ Yes _____ No

Number of people in your family (Number includes Applicant): _____

What is your race/ethnic heritage? (check one or any combination)

_____ American Indian or Alaskan Native _____ Asian or Pacific Islander

_____ Black, not of Hispanic origin _____ Hispanic

_____ White, not of Hispanic origin

_____ Other (Please Explain)

Financial Information:

Place of Employment: _____

Address: _____ City: _____ State: _____ Zip: _____

Name of Supervisor: _____ Phone: () _____

I am Currently working: _____ Full-time _____ Part-time

Do you plan to work while attending school? _____ Yes _____ No

If yes, please check one: _____ Full-time _____ Part-time

Please check your household income for past year:

_____ \$0 - \$9,000 _____ \$21,000 - \$27,000

_____ \$9,000 - \$15,000 _____ \$27,000 and above

_____ \$15,000 - \$21,000

Do you have any unusual financial hardships that you feel should be considered? (Please explain): _____

THE SABLE FLAMES, INC. JONES-ROBINSON SCHOLARSHIP APPLICATION

Applicant Name: _____
(Last) (First) (Middle)

Social Security Number: _____ - ____ - _____

Date of Application: _____

I, _____, understand that should I be selected for the
(Applicant Name – Please Print)

Jones-Robinson Scholarship, this money will be used to meet my educational expenses only. I authorize The Sable Flames, Inc., to have access to all information related to my eligibility for this award. I understand that if any information on this application is found to be misleading or fraudulent, I automatically forfeit the scholarship. The Sable Flames, Inc. may use my name and likeness in news releases, social media and websites belonging to and associated with The Sable Flames, Inc if I am selected for an award. I also understand that the selection of a scholarship recipient is at the discretion of the Sable Flames, Inc. or its designee.

Applicant Signature: _____

Date: _____

SCHOLARSHIP DEADLINE: ***July 10th 2024***

FOR COMMITTEE USE ONLY:

Empty box for committee use only.