

MISSOURI JUVENILE JUSTICE ASSOCIATION



JUVENILE JUSTICE SCHOLARSHIP Application Packet

2024

MJJA
P.O. Box 1332
Jefferson City, MO 65102-1332
573-616-1058 Fax: 573-616-2771

MISSOURI JUVENILE JUSTICE ASSOCIATION



The **Missouri Juvenile Justice Association Scholarship** is an education scholarship designed to assist students, who have been referred to a Missouri juvenile court *and* who have a desire to pursue their education. Scholarships are based on meeting set criteria. There will be personal interviews of the applicants with the Scholarship Committee (the **MJJA** Executive Director and **MJJA** Executive Committee) upon request.

Any high school senior, who resides in the state of Missouri and who has, at one time, been referred to a Missouri Juvenile or Family Court is eligible. **To qualify, you must attend an institution of higher learning (such as: community college, technical school or university) and meet the criteria below:**

SCHOLARSHIP CRITERIA - (Applicants shall):

- A. Have a High School Diploma, G.E.D. or HiSet or be completing one in the near future.
- B. Be in their senior year of high school or working towards their G.E.D or HiSet.
- C. Remain in good standing at your selected school and be able to produce a letter from principal or counselor to verify on track for graduation.
- D. Have been referred to a Missouri Juvenile or Family Court for abuse/neglect, status or delinquent offense
- E. If an adult (17 years of age or over), have not been charged with a Felony Act Against Persons.
- F. Not have current involvement with Adult Criminal Justice System.
- G. Complete application form in its entirety and submit to be postmarked no later than by April 1, 2024.**
- H. Have a Juvenile Justice Sponsor
- I. Include a letter of acceptance or other form of acceptance from the institution of higher learning (community college, technical school or university) that he/she will be attending in Missouri or another state.
- J. All information requested in this application must be completed and/or provided in order for the application to be considered.

AMOUNT OF SCHOLARSHIP: \$500

WHERE TO MAIL SCHOLARSHIP APPLICATION:

Completed scholarship applications shall be typed or printed and mailed (to be) postmarked no later than April 1, 2024 to:

**Missouri Juvenile Justice Association
Scholarship
P.O. Box 1332
Jefferson City, MO 65102-1332
573-616-1058, Fax: 573-616-2771**

The Scholarship Committee will hold all information in strictest confidence.
For further information contact the **MJJA** Executive Director at 573-616-1058.

APPLICATION FOR
MISSOURI JUVENILE JUSTICE ASSOCIATION



SCHOLARSHIP

Please attach this cover page to all attachments to your Scholarship Application. To be completed by prospective Scholarship recipient: **Please type or print legibly to assure accuracy.**

SECTION I—PERSONAL INFORMATION AND INTERESTS

Applicant's Name:

(Last)_____ (First)_____ (Initial) _____

Permanent Address:_____

City_____ State____ Zip _____ Home County: _____

Phone #:_____ Email address:_____

Age: _____ Date of Birth: ____/____/____

Parent/Guardian Name: _____

Parent/Guardian Phone #: _____

Present School & Address:

Classification in School:

High school senior_____ Obtained G.E.D. _____ "HiSet" _____

Did you work this past summer? _____ Yes _____ No

If yes, where did you work? (name of company, supervisor and phone number (including zip code))

How many hours did you work per week? _____

Are you currently working ? _____ Yes _____ No

If yes, where and how many hours per week are you working? _____

SECTION II: ESSAY QUESTIONS REGARDING CAREER/COLLEGE

1. What are your career interest and goals and your plans to achieve them?

2. What has influenced your decision to pursue higher education?

3. Why did you choose the particular community college, technical school or university that you plan to attend?

4. Please explain how your receipt of this scholarship will help you achieve your career goals:

SECTION III: JUVENILE JUSTICE SPONSOR & RECOMMENDATIONS

Who is your Juvenile Justice Sponsor who recommended you apply for this Scholarship?

Sponsor Name: _____

Sponsor Title: _____

Sponsor Email: _____

Sponsor Circuit/Agency: _____

Sponsor Address: _____

State _____ Zip _____ Sponsor Phone: (_____) _____

I, the Juvenile Justice Sponsor, have reviewed this application and found it complete. ☐ Yes ☐ No

I, the Juvenile Justice Sponsor, am a member of MJJA. ☐ Yes ☐ No

- Please attach a letter of recommendation from your Juvenile Justice Sponsor.
 - Letter attached ☐ Yes ☐ No
- Please attach two letters of recommendation from adult persons other than within the juvenile justice system (Ex: teachers, school counselors, coaches, clergy, etc.)
 - Two (2) letters of recommendation attached ☐ Yes ☐ No

SECTION IV—ACADEMIC RECORD, ACHIEVEMENTS, AWARDS, SCHOLARSHIPS

I presently attend:

Name of school: _____ Cumulative GPA: _____

City _____ State _____ Zip Code _____

I have included my Letter of Acceptance from the institute of higher learning (community college, technical school or university) that I will be attending. (*check one*) ☐ Yes ☐ No

Next semester I will be attending (Name of School)

School Address: _____

☐ Two year program

____Four year program

____Other (describe) (List examples)

1. List interests, hobbies or skill sets that you possess:

2. What challenges have you faced and how did you overcome those challenges?

3. List past and present school activities:

4. List academic honors you have received:

5. List office or other leadership positions you have held:

6. List volunteer/community activities which you have been involved (youth, church, etc.):

Through what Circuit/Agency? _____

7. What other scholarships have you applied for or received?

SECTION V —FINANCIAL INFORMATION

The Juvenile Justice Scholarship is a one-time award, and the amount (\$500) is determined by the **Missouri Juvenile Justice Association** Board of Directors.

The scholarship is awarded upon proof that the student is enrolled in an institution of higher learning (community college, technical school or university), and payment shall be made directly to the institution.

All Applicants

To the best of my knowledge, I have provided the **Missouri Juvenile Justice Association** full and truthful information concerning all questions on this application. I agree to report to the **Missouri Juvenile Justice Association** any factors (such as change of address, change of school status, change of marital status, change of income, etc.) which could affect consideration of my application. I understand that failure to provide true and complete information could result in withdrawal of all financial assistance and billing for all awards previously made by the **Missouri Juvenile Justice Association**.

Signature of Applicant

Date

Print name