

***Jack and Jill of America, Incorporated  
Youngstown Chapter  
2016-2017 Beautillion Scholarship Program***

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**BACKGROUND INFORMATION**

The members of the Youngstown Chapter of Jack and Jill of America, Incorporated are excited to accept applications for the 12<sup>th</sup> Annual Beautillion Scholarship Program for qualified High School Junior/Senior male applicants.

For the past 11 years, the Beautillion has been a vehicle for many to help support the educational dreams of our youth. In addition, it showcases some of Ohio's finest career bound high school senior males who have demonstrated a desire to excel in life yet may lack some of the financial support needed to matriculate.

The candidates will participate in an extraordinary two (2) month program designed to emphasize personal and family responsibility, self-awareness and growth, cultural awareness, leadership development, financial literacy, and community service.

Each Beau receives a share of the scholarship and book monies raised through corporate and public donations, ticket sales, and the souvenir ad booklet. The Beautillion Scholarship Dinner is the culminating event that highlights the young men going through a "Rites of Passage" ceremony that symbolically inducts them into manhood.

**OFFICIAL APPLICANT PARTICIPATION REQUIREMENTS**

Participants must meet the following criteria:

- African American High School Senior for the 2016-17 school year
- Possess a minimum GPA of 2.5 (4.0 grade scale) verified by Principal or Guidance Counselor
- Be under 20 years of age by March 2017
- Must not be married, a father, or a father-to-be
- Must not have been arrested
- Must be willing to meet all financial obligations (including a \$100 application fee)

**All official application forms, questionnaires, recommendation forms (2), and participation agreement sheets must be submitted as one package. The deadline to receive the application packet is January 20, 2017. All Candidates and parents will be required to attend an informational meeting scheduled at the East Branch Library 430 Early Road, Youngstown, Ohio 44505 Saturday January 28, 2017 at 3:30 pm**

**All information must be printed or typed.**

**OFFICIAL BEAUTILLION CONTACT**

Marcella Kennedy  
Beautillion Committee Chair  
330-774-1987  
[jjycbeautillion@yahoo.com](mailto:jjycbeautillion@yahoo.com)

Sherri Lovelace-Cameron, Ph.D  
Beautillion Committee Chair  
330-519-7146

**Jack and Jill of America, Incorporated  
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**OFFICIAL APPLICATION SHEET**

Please type or print clearly:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Day Telephone: ( ) \_\_\_\_\_ Evening Telephone: ( ) \_\_\_\_\_  
Grade Level: \_\_\_\_\_ Current Grade Point Average: \_\_\_\_\_ Cumulative Grade Point Average: \_\_\_\_\_  
Verifying Signature (Principal or Guidance Counselor): \_\_\_\_\_  
Name of Sponsor (if applicable) : \_\_\_\_\_  
Favorite Subject: \_\_\_\_\_ Career/ Job Interest: \_\_\_\_\_

College/ University/ Post Secondary School Interest:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Parent(s)/ Guardian(s): _____	_____	_____
<i>Name</i>	<i>Relationship</i>	<i>Phone</i>
_____	_____	_____
<i>Name</i>	<i>Relationship</i>	<i>Phone</i>

Extracurricular Activities/ Sports/ Clubs, etc.:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hobbies/ Interests:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Community Involvement:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please mail completed application to Jack and Jill Youngstown Chapter  
PO BOX 572  
Youngstown, Ohio 44501  
Must be Post Marked January 20, 2017**

***Jack and Jill of America, Incorporated***  
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**OFFICIAL QUESTIONNAIRE SHEET**  
(TO BE COMPLETED BY APPLICANT)

Please print clearly or type your responses in the space provided below or on a separate page with the same questions as headers.

- A. Type an autobiographical sketch on a separate document. (Limit 250 words)
- B. What is your favorite quote or inspirational saying?
- C. List five short-term goals and five long-term goals. (May include personal, educational or career-oriented goals.)
- D. List any significant honors, awards or recognitions that you have received.

Applicant's Name \_\_\_\_\_ Applicant's School \_\_\_\_\_

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**OFFICIAL RECOMMENDATION FORM**

Each candidate must submit a minimum of two recommendation forms. Teachers, administrators, community or church leaders, coaches or employers may submit letters of recommendation.

Name of Student Being Recommended: \_\_\_\_\_

High School of Student Being Recommended: \_\_\_\_\_

The following student is seeking to be a participant in the Youngstown Chapter of Jack and Jill of America, Inc. 2016-17 Beautillion Scholarship Program. **Please complete the following information and return to the applicant in a sealed envelope.**

Applicant's Name \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

In what capacity have you known the applicant? \_\_\_\_\_

Based on your knowledge of the applicant, please complete the following:

	Outstanding	Good	Fair	Poor
Leadership				
Maturity and Judgment				
Motivation and Initiative				
Personal Integrity				
Ability to get along with others				
Poise				
Dependability				

**Provide a brief statement of recommendation and support for the applicant on a separate sheet of paper.**

**Include in the sealed envelope to be returned to the applicant. Please type or print clearly.**

**Recommended by:** (Please type or print clearly)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Relationship: \_\_\_\_\_ Administrator \_\_\_\_\_ Teacher \_\_\_\_\_ Coach \_\_\_\_\_ Employer  
\_\_\_\_\_ Community or Church Leader

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**Participation Agreement**

I, \_\_\_\_\_ (Print Name), certify that the information provided in this application is accurate. I authorize the Youngstown Chapter of Jack and Jill of America, Inc. Beautillion committee to verify any information provided in this application.

I understand that falsification of any information in this application will result in my dismissal from the Beautillion program and that any money received from me or on my behalf will NOT be refunded. I further understand that if I voluntarily withdraw from the Beautillion program any money received from me or on my behalf will NOT be refunded.

I agree to participate in the 2-month program including the culminating Beautillion Scholarship Dinner event and will attend all or most sessions scheduled. If I am unable to attend a scheduled session or event, I will contact the Committee Chair in a timely manner.

Consequently, we make a special effort to provide all Beaus with the opportunity to broaden their knowledge in many areas: educational activities, social and cultural awareness and community service. We further stress and ask confirmation that you exhibit respect, good sportsmanship and manners, wholesome attitudes, tenacity and appropriate conduct at all times.

As parent or guardian, I agree to allow my son to participate in the Beautillion Scholarship Program. I also agree to support, encourage and assist my son during his participation in the Beautillion Scholarship Program.

\_\_\_\_\_ Applicant's Signature

Date

\_\_\_\_\_ Parent's Signature

Date

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Permission to Use Photograph

I \_\_\_\_\_ grant to the Youngstown Chapter of Jack and Jill of America, Inc. and its representatives the right to take photographs of me in connection with the 2016-17 Beautillion. I authorize its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that the Youngstown Chapter of Jack and Jill of America, Inc. may use such photographs of me with or without my name for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content to promote the Beautillion Scholarship Program.

I have read and understand the above:

Signature \_\_\_\_\_

Printed name \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_

Signature, parent or guardian \_\_\_\_\_ (if under age 18)

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PHOTO PAGE

**PLEASE ATTACH A PHOTOGRAPH OF YOURSELF ON THIS PAGE**

*(Any size wallet or larger is appropriate)*

**APPLICANT NAME**\_\_\_\_\_

**SCHOOL**\_\_\_\_\_

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**Committee Use Only**

**Application Complete**\_\_\_\_\_  
**Meets Criteria**\_\_\_\_\_  
**Application Fee Submitted**\_\_\_\_\_