**Islamic Center of Cleveland**

 **Mohammad Jamal Scholarship Application**

**Deadline:**

**July 1, 2024.** Complete applications must be received, emailed, or postmarked by the deadline. Incomplete and late applications will not be accepted, **NO EXCEPTIONS**.

# Award Restrictions:

* Applicants must permanently reside in Cuyahoga County. Funds are for on-campus expenses only - such as tuition, books and campus housing.
* Scholarships will be awarded in amounts not to exceed $3,000 per applicant.
* Scholarships are available for students attending accredited schools.
* Scholarships are not available for tuitions to private grade schools, high schools or graduate schools.
* **Scholarship will be awarded to high school students.**
* **No repeat scholarship winners**.
* **Joint family income not to exceed $125k**

# Selection & Notification Process:

Recipients are selected based on academic merit, community service and financial need. Scholarship recipients will be notified on **August 2024** Scholarship checks will be written to the educational institutions.
Additional copies of this application are available at the ICC office or online at [www.iccleveland.org.](http://www.iccleveland.org.)

# Eligibility Requirements for high school Students attending Accredited Colleges or Trade Institutions:

(You are considered an undergraduate student if you are pursuing an Associate’s or Bachelor’s Degree.)

## Complete this application.

* Provide a typed, one to two pages essay highlighting your achievements, school activities, career plans, community service (within and outside the Muslim community; highlight any leadership position), and Islamic knowledge (include examples of any activities you did to increase your knowledge in Islam).
* Provide two current letters of recommendation from counselors, teachers, employers or other non-relatives. Letters must be written within 12 months of application date. (**Old recommendation letters will not be considered**)
* Provide a current **official** high school transcript. **GPA** must be **3.5** or higher for high school students.
* Optional- Provide a professional (digital preferred) photograph of yourself for use in the *Islamic Center Newsletter* and local press releases.
1. **Personal information**

Name of Applicant: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date of Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permanent Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_Zip:

Emergency Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Education Information:**

Name of school to which you have been accepted for admission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_ Financial Aid Office Phone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Financial Office Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you currently attend college/technical school, how long have you been enrolled? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mainor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of High School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ High School Graduation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

High School GPA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Work History:**

Do you plan to work while in school? □ Yes □ No

List jobs you have held in the past two years (Begin with current or most recent employer>)

Employer Dates Employed Full of Part-time Weekly Salary

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The information contained in this statement is for obtaining funding from the Islamic Center Mohammad Jamal Scholarship on behalf of the undersigned. The undersigned agrees that the information provided is used to determine grant funding, and the undersigned represents and warrants that the information provided is true and complete and that the Islamic Center of Cleveland may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Islamic Center of Cleveland is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.

Signature of applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Father’ name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Applicant Mother’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents’ address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email, fax, mail, or bring in person your completed application and related documents**

**Mohammad Jamal Scholarship, Islamic Center of Cleveland, 6055 West 130th Street, Parma, Ohio 44130**

**Incomplete scholarship applications will not be processed or considered for scholarship awards.**

**Please refer to the first page of this document for a complete description of description of eligibility requirements**.

**Case #: \_\_\_\_\_\_\_**