SHON D. OWENS SCHOLARSHIP APPLICATION

The eligibility criteria for the Scholarship Program are:

1. **Student must be a graduating senior at a public or private high school in Beaver County or surrounding areas (within 50 miles);**
2. **Student seeks a Degree from an accredited college or university in the United States, or enrolls in a School of Nursing that is affiliated with a university;**
3. **Must be in good academic standing with a cumulative Grade Point Average of no less than a 3.0 on a 4.00 scale.**

Scholarship is $500.00 - $1,000 and non-renewable and non-transferable.

The required documents to submit are:

- **An application (all required documents must be submitted with the application)**
- **An unofficial high school transcript or report card**
- **A personal essay**
- **2 letters of recommendation (not from a family member)**

Application Deadline is April 1, 2026
NO EXCEPTIONS

Please type or print legibly, using black or blue ink.

RETURN COMPLETED APPLICATION TO:

SJO Cares
c/o The Young STAR Awards
PO Box 170
Monaca, PA 15061
Or email: sjocaresinc@gmail.com

STUDENT INFORMATION

Full Legal Name: _____

Date of Birth: _____

Permanent Address (street, city, state, zip)

_____

_____

Mailing Address (if different from permanent address) (street, city, state, zip)

_____

_____

Telephone _____ **Cell Phone** _____

Personal E-Mail Address _____

EDUCATIONAL INFORMATION

High School Name and Address:

_____

GPA _____ **Class Rank** _____ **Principal/Counselor Name** _____

Principal/Counselor Signature _____

ACT SCORE (if applicable)

_____
Composite Score/Date

SAT SCORE (if applicable)

_____
Verbal/Math/Date

Please list your extracurricular and community activities and dates of participation:

_____

_____

_____

_____

Please list significant honors, awards and academic and extracurricular achievements:

_____

_____

_____

College or University you plan to attend? _____

What field of study do you intend to pursue? _____

What degree? _____

FINANCIAL INFORMATION

List other scholarships you have applied for:

_____

_____

List other scholarships you have been awarded and the amount of each award:

_____

_____

PARENT/LEGAL GUARDIAN INFORMATION

Full Name _____

Complete Address _____

Contact Number _____

Email Address _____

Occupation _____

MANDATORY FORMS MUST BE ATTACHED TO APPLICATION

1. **ESSAY -** Please prepare a typed 250 – 350 word essay about your educational and professional goals and your reason for seeking scholarship assistance.
2. **TWO LETTERS OF RECOMMENDATION –** Ask two individuals who know you well to submit letters of recommendation. **At least one letter should be a teacher or other school professional. Please attach the letters to this application.**
3. **UNOFFICIAL TRANSCRIPT -** Request an unofficial transcript from the guidance counselor at your high school. **The transcript must be attached to this application.**

REVIEW OF APPLICANTS

Finalists for a scholarship award will be notified of their selection either by email or at the Award Ceremony if they attend. Essay's will be reviewed by the Scholarship Committee of SJO Cares. Recipient and their parent(s) will be presented to at the Young STAR Awards Ceremony on April 25, 2026.

CERTIFICATION

We certify that we have read and understand the requirements governing the Shon D. Owens Scholarship and further certify that the information that we have provided is true and complete to the best of our knowledge. We agree to provide proof of all information. We realize that if documentation is not provided or if we do not comply with the requirements, the Applicant may be deemed ineligible for a scholarship.

_____ _____

Applicant's Signature Date

_____ _____

Parent or Guardian's Signature Date