		Application				
The John Moore Jackson Scholarship						
Date:						
Name:		Phone No:	Email:			
Address:(	Street/PO Box)	(City)	(State)	(Zip)		
High School:		Phone No:	Email:			
Address:(	Street/PO Box)	(City)	(State)	(Zip)		
Check	off the following	to ensure all requi	red documents ar	e enclosed:		
F	Parent or Guardian's mo	ost recent Federal IRS 104	40 income tax return.			
C	Completed Financial Ne	ed Questionnaire.				
C	Documents for educatio	n IRA's or higher educatic	n savings plans that you	u own.		
	Student Aid Report (SAR) if you applied for a Federal Student Aid Program.					
	Grade transcript(s) from all high schools attended.					
	Copy of SAT or ACT scores.					
	A brief statement describing why you should receive the scholarship.					
L	Letter of Acceptance fro	m Creighton University.				