



Jacob E. Rhoades Foundation

## The Jacob E. Rhoades Foundation Scholarship

This application is required for consideration for the J.E.R. Foundation Scholarship. Please proofread and do not forget to sign, as the application is not valid without your signature. Please include a business plan, three references (personal, teacher, or job). Make sure the essay and all other materials you are submitting are securely attached to this application. Applications missing required material will not be considered. This scholarship is open to individuals between the ages of 17-25. Awardees are also given their choice of a JERFoundation hat or t-shirt. Please indicate your preference and size if picking the t-shirt.

### Personal Information

---

Last Name, First Name, Middle Initial

---

Street Address

---

City, State, & Zip Code

Date of Birth \_\_\_\_\_

Parent(s) / Guardian(s) Name(s) and Address(es)

---

---

I authorize the release of my information to be shared with the selection committee for the purpose of scholarship consideration. If I am selected for the scholarship, I authorize release of my biographical and personal information from this application for use in publicity related to the scholarship program.

---

Student Signature / Date

## JER Foundation Scholarship

### Biographical Information

(If you require more lines, you may type your answers or submit them on another paper).

Intended Use of the Scholarship:

---

---

---

Career Goals:

---

---

---

---

Activities, Awards, Hobbies, Organization Memberships, Personal Interests, Community Service, etc.:

---

---

---

Submit a Business Plan:

---

---

# JER Foundation Scholarship

Three References (Personal, Teacher, Job):

Please provide a letter of recommendation from each reference.

## **The 2026 Essay Topic:**

**How do you plan to use the funds given to you by the JERFoundation to better Western PA?**

Please attach this essay to the application.

This application, essay, and all supporting materials must be sent to the Scholarship Committee in order that they may choose the candidate who best meets the criteria for this scholarship.

This application needs to be turned in no later than Saturday, April 11, 2026.

Please indicate your selection of either:

Hat \_\_\_\_

T-shirt \_\_\_\_ Size: S M L XL

You may email application, essay, and all supporting materials to:  
JERFoundation@gmail.com

Or please send Applications to:

**The Jacob E. Rhoades Foundation  
% Ginger Covert  
116 Morningside Drive,  
Butler, PA 16002**