

# SUE JONES MEMORIAL SCHOLARSHIP 2024 APPLICATION FORM

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY & ZIP CODE \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_ DOB \_\_\_\_\_

COURSE OF STUDY \_\_\_\_\_

INSTITUTION \_\_\_\_\_

## In addition to the completed application form, the following is required:

- ✓ Copy of acceptance letter from college, vocational or technical school, Blue Water Middle College or proof of enrollment for the fall semester of application year.
- ✓ An **OFFICIAL** current copy of high school or college transcript. If an official copy is not available, then a signed letter stating why from current school must be submitted along with the unofficial copy. (Principal, Dean or Counselor)
- ✓ **Signed** letter of recommendation from current counselor or teacher.
- ✓ **Signed** letter of recommendation from current horse project leader.
- ✓ List of participation in the SCC 4H horse project area and activities (i.e. Winter Achievement, State Awards, Horseless Horse, clinics, Expo days) and any committee involvement.
- ✓ List of school, church and community involvement and service.
- ✓ Completed MESP form.
- ✓ Essay: 500-700 words "How can you help improve the 4H project/experience for our newest and future members?"

HIGH SCHOOL ATTENDED \_\_\_\_\_

GRADUATION DATE \_\_\_\_\_ OFFICIAL GPA \_\_\_\_\_

I have personally prepared this application and believe it to be correct and complete (incomplete applications will not be accepted).

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Please mail or hand deliver requirements to the MSU Extension Office, 200 Grand River Ste 102, Port Huron MI 48060.**

**APPLICATION IS DUE ON OR BEFORE JUNE 1<sup>ST</sup>**

Sue Jones was a very active leader for the St. Clair County 4H youth program. She was the leader of Sunshine Saddle Club for 40 years. She was a leader/coach/mentor for the Horse Bowl, Hippology, Horse Judging, scholarship and many other committees. She helped instill confidence in 4H members who participated in Monday night 4H meetings, covering everything from horse safety to the most challenging riding patterns. She coached each of her members to achieve their personal goals.

Sue was an Arabian horse enthusiast for 45 years. She bred, raised and showed many horses to National Championships. Her continuous devotion to children and animals was second to none. The St. Clair County 4H Horse Leaders Scholarship is now named after her for her dedication to this program.

The Sue Jones Memorial Scholarship is given to St. Clair County 4H horse project members planning to enroll in an institution of higher learning, such as a college, vocational or technical school. The scholarship money is deposited into an MESP account that can be applied to tuition or book costs.

The following requirements must be met:

1. Applicant must be a current active St. Clair County 4H member enrolled in the horse project area participating in fair for at least the last 3 years.
2. All materials submitted must be in original form. No faxes, copies, etc.
3. Application forms must be complete.
4. Applicant may apply annually, beginning their senior year of high school (or equivalent). Any monies awarded will be deposited directly into an MESP account.
5. Applicants must have an active MESP account. To create your account please visit [www.Misaves.com](http://www.Misaves.com) or call 1-877-861-6377. This must be done prior to application deadline. A completed MESP account form (included in this application) must be turned in at time of application.

THE SCHOLARSHIP COMMITTEE is comprised of five Horse Project Leaders.

All scholarship moneys awarded at the discretion of the committee. Applications will be returned only at your request within 30 days after the announcement of the awards.

Applications are scored by the following criteria per judge:

- Involvement in the SCC 4H horse project area 25 points
- GPA 10 points
- School/church/community involvement 10 points
- Other 4H participation 15 points
- Letters of recommendation 10 points
- Essay 30 points
- Interview 50 points
- 150 point

Interviews granted at the discretion of the committee based on scoring. Incomplete applications will not be accepted. Interviews will be held on Tuesday June 27. Applicants granted an interview will be contacted with their time. No phone interviews will be allowed. Winners will be announced at the Presentation Parade during Fair.



Michigan Education Savings Program

## Michigan Education Savings Program Additional Contribution by Mail

Use this form to contribute to an existing Account  
**Questions?** Call toll-free 1-877-861-MESP (1-877-861-6377),  
 P.O. Box 219303 Kansas City, MO 64121-9303  
 Visit [www.MIsaves.com](http://www.MIsaves.com)

### Instructions

- Use this *Additional Contribution by Mail* form only to contribute to an existing Program Account. (You must complete an *Account Application* to open an Account for another Account Owner and/or Beneficiary.)
- Print in capital letters using blue or black ink. Mail this form to the Program at the above address, along with your contribution check(s).

## 1 Account Information *(Refer to your Account statement.)*

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Program Account Number *(Please complete one form for each Account)*

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Telephone Number

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Account Owner or Custodian Name *(First, MI, Last, Suffix), or Entity Name*

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Beneficiary Name *(First, MI, Last, Suffix)*

## 2 Contribution Check Information

**Make checks payable to, or appropriately endorse to, the Michigan Education Savings Program.**

Contributions are permitted by personal checks (excluding starter checks), bank drafts, teller's checks and checks issued by a financial institution or brokerage account payable to the Account Owner and endorsed over to the Program by the Account Owner, and third-party personal checks up to \$10,000 endorsed over to the Program by the Account Owner. Contributions will be rejected and returned to the extent that they cause the aggregate market value of all accounts in the Program for the same Beneficiary to exceed the Maximum Contribution Limit. Please refer to the Disclosure Booklet for more information

### A note about Uniform Gift to Minors/Uniform Transfers to Minors Accounts (UGMA/UTMA):

If your contribution check represents proceeds from an UGMA/UTMA account, those funds can only be deposited into another UGMA/UTMA account for the same Beneficiary, subject to applicable law governing such accounts.

**Check**

Indicate the amount of your contribution into the selected Investment Option(s) below and enclose your contribution check(s), payable to the *Michigan Education Savings Program*, along with this *Additional Contribution Form*.

**Indirect Rollover**

To roll over the proceeds from the redemption of another Qualified Tuition Plan account (QTP), indicate the amount you are contributing into the Investment Options in Section 4, and submit a check for the amount along with this form. The check must be received within 60 days of the date of the withdrawal from the other qualified tuition program or Coverdell ESA to qualify for rollover treatment. *Provide the breakdown of cost basis and earnings in the box below and submit a statement from your former qualified tuition program with these amounts along with this form.*

**Proceeds from the withdrawal of a Coverdell Education Savings Account (Coverdell ESA)**

Indicate the amount you are remitting from your Coverdell Education Savings Account (Coverdell ESA) into the selected Investment Option(s) below, and submit your check for the amount with this form. *Provide the breakdown of cost basis and earnings below and submit an account statement with these amounts along with your check and this form.*

**Proceeds from the redemption of a qualified U.S. savings bond**

Indicate the amount you are remitting from the redemption of your qualified U.S. savings bond into the selected Investment Option(s) below and submit your check for the amount with this form. *Provide the breakdown of cost basis and earnings below and submit a Form 1099 with these amounts along with your check and this form.*

Cost Basis	\$																			
Earnings	\$																			
<b>Total Indirect Rollover Amount</b>	\$																			

Note: Unless the Program receives an account statement (or Form 1099 – INT for proceeds from a qualified U.S. savings bond), including a breakdown of cost basis and earnings or interest for your QTP rollover, Coverdell ESA account withdrawal, or qualified U.S. savings bond redemption, as applicable, the entire amount will be treated as earnings and will be reported to the IRS as earnings upon withdrawal.

**3 Contribution Instructions** (You must complete this section or your contribution will be rejected).

- Deposit my check(s) based on my current allocation instructions on file.** (Do not provide instructions in Section 4).
- Override Allocation Instructions.** (By selecting override, this contribution will be based on the allocation instructions you provide in Section 4). This will NOT affect your existing allocations (if any) currently on file.

**4 Investment Option Information**

You may direct your contribution to an existing Investment Option or into a new Investment Option, which will be opened upon receipt of this contribution. The minimum contribution is \$25 per Investment Option. See the *Disclosure Booklet* for more information.

Investment Options	Check if new Investment Option <sup>1</sup>	Contribution Amount(s)									
Conservative Age Based Allocation Option	<input type="checkbox"/> New Option	\$			,				.		
Moderate Age Based Allocation Option	<input type="checkbox"/> New Option	\$			,				.		
Aggressive Age Based Allocation Option	<input type="checkbox"/> New Option	\$			,				.		
Global Equity Index Option (1933)	<input type="checkbox"/> New Option	\$			,				.		
Principal Plus Interest Option (1934)	<input type="checkbox"/> New Option	\$			,				.		
Balanced Option (2190)	<input type="checkbox"/> New Option	\$			,				.		
100% Fixed Income Option (2191)	<input type="checkbox"/> New Option	\$			,				.		
U.S. Equity Index Option (2337)	<input type="checkbox"/> New Option	\$			,				.		
International Equity Index Option (2338)	<input type="checkbox"/> New Option	\$			,				.		
<b>Total Contribution Check(s)</b>		\$			,				.		



**Mail this form to:**  
 Michigan Education Savings Program  
 PO Box 219303  
 Kansas City, MO 64121-9303

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<sup>1</sup> If a new Investment Option is opened, a different option number will be assigned.