



~ In Memory of Jeannie Vogel ~

### SCHOLARSHIP DESCRIPTION

This scholarship was established in 2017 in the name of Jeannie L. Vogel, who passed away in February of 2016. The fund was created to assist with the education of individuals who exemplify the caring spirit and a passion for excellence, two characteristics Jeannie possessed. Jeannie also demonstrated an extraordinary capacity to teach and care for others in her roles as a mother, obstetric nurse, chef, and in the realization of her ultimate dream as an entrepreneur, owning and operating an incredible bakery. Her life touched countless people in her community, both friend and stranger, and she had a special ability to nurture others. This talented, caring, deeply devoted woman was a mentor to those who shared a passion for life and for humanity.

#### OUR MISSION:

Sustaining the legacy of Jeannie Vogel by providing scholarship support for students who share her creativity and passionate spirit in pursuit of culinary or medical studies.

The Fund will award at least one (1) scholarship in the amount of \$1,000.00 to a well-deserving student who exhibits dedication to both community service and academic achievements. The Fund **reserves the right to publish the winner's** general information including name, education, community service and future education plans.

In order to be considered for this scholarship, the applicant must meet all of the following criteria:

- be a current resident of the State of Maryland.
- be currently enrolled as a senior at a Carroll County, Maryland high school, or currently attending (or plan to attend) an accredited post-secondary school (college, university, trade school, or medical school).
- be planning to enter a culinary, medical or medical-related field. An official acceptance letter must be provided as evidence of enrollment.
- Have a Grade Point Average of 3.00 or higher.
- have completed in at least 200 hours of community service, reflected on your school transcript.

## **APPLICATION INSTRUCTIONS AND PROCESS**

1. Complete the Scholarship application form that begins on page 4.

Submit a two-page **typed** essay using the topic listed below. It must be single spaced 12-point font size with 1” margins.

***Describe one of your role models. Include how this individual has influenced you and your educational pursuits.***

2. Include copies of your official high school transcript showing weighted grade point average and college acceptance letter with name, address and telephone number of the school are required.
3. Describe your extra-curricular activities and dates.
4. List community service activities including a general description, dates, hours, supervisor name and contact information. Briefly tell us which activity meant the most to you. *(Please note: paid employment will not be considered as community service.)*
5. Include two letters of reference: one from a teacher and one from a non-family member. The writer of each letter must complete the Recommendation Form (attached), write a letter of reference and place both in a sealed envelope that is submitted in the completed application package. Additional letters are welcomed but not required.
6. Briefly tell us why you are the most qualified individual to receive this scholarship.
7. Parent/Legal Guardian signatures are mandatory on the application in addition to the applicant.

8. Mail the completed application packet to:

The JeannieBird Baking Company  
**Attention: Scholarship Fund Review Committee**  
42 West Main St.  
Westminster MD 21157

9. Applications MUST be postmarked no later than Friday, April 12th, 2024.  
The winner(s) will be notified on or before May 17th, 2024.

### **ADDITIONAL APPLICATION INFORMATION:**

1. The winner(s) will be decided by a committee of the members of the JeannieBird Scholarship Fund Board of Directors, based on the applicant's meeting of scholarship eligibility (as seen at the top of page 2) and the strength of the written essay.
2. The scholarship MUST be used on valid school-related expenses. These include, but are not limited to: room and board, tuition and fees. The student MUST provide proof of acceptance to attend an accredited post-secondary institution, and must provide proof of fees incurred before being awarded the scholarship monies. The check will be drawn in favor of the winner's choice of school and student name.
3. If, for any reason, the winner(s) is deemed to be ineligible for the scholarship, for reasons that include, but are not limited to:
  - Failure to attend an accredited post-secondary institution,
  - Not meeting the eligibility requirements for the scholarship, or
  - Misrepresentation of intended major or career plans.

*If any of these occur, the JeannieBird Scholarship Fund may request that any monies paid be returned to the scholarship fund immediately.*

4. If you have any questions regarding eligibility or the application process, please e-mail us at: [JeannieBirdSF@gmail.com](mailto:JeannieBirdSF@gmail.com).

# THE JEANNIEBIRD SCHOLARSHIP FUND

## APPLICATION

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This form must be completed in its entirety. Do not leave spaces blank. Please type or print using blue or black ink. Send all required supporting documentation (transcripts, references) with this application form in one envelope. Do not send supporting documentation separately. Incomplete applications will not be processed.

### **A. APPLICANT INFORMATION:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

### **B. BACKGROUND INFORMATION:**

1. Did you hold a job while attending high school? Yes \_\_\_ No \_\_\_
2. If yes, on a separate document, please list your current place of employment, scope of work and the jobs you held previously. List the name of each company, address, supervisor name, phone number, dates of employment and number of hours worked per week.
3. Please list all certificates, awards and/or honors that you received.

### **C. ACADEMIC INFORMATION:**

Name of school or college currently attending: \_\_\_\_\_

School Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

Please include an official sealed transcript from the school you are currently attending. If you have attended your current school for less than one year, also include an official, sealed transcript from your previous school.

Intended College or Institution: \_\_\_\_\_

School Address: \_\_\_\_\_

Phone: \_\_\_\_\_

In what area do you plan to pursue a career? \_\_\_\_\_

\_\_\_\_\_

*I hereby affirm that all the information provided is true and any false statements will forfeit my qualification for consideration and awarding of the scholarship. This application is the sole property of the JeannieBird Scholarship Fund. All information is strictly confidential and will not be returned.*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

*The JeannieBird Scholarship Fund Scholarship Fund encourages all qualified applicants. The Fund does not discriminate on the basis of race, ethnicity, religion, physical ability, class, sexual orientation, age, sex or gender.*

**D. ESSAY:**

Please write a two-page typed essay using the topic listed below. It must be single spaced 12-point font size with 1” margins.

***Describe one of your role models. Include how this individual has influenced you and your educational pursuits.***

**E. EXTRACURRICULAR ACTIVITIES:**

Please list all extracurricular activities you participated in during the last 5 years. These activities include participation in sports teams, religious groups, clubs and other voluntary activities. Please do not list community service activities in this section.

<u>ACTIVITY AND DESCRIPTION</u>	<u>DATES OF PARTICIPATION</u>

**F. WHY YOU?:**

Please tell us why you feel you are the most qualified candidate to receive the JeannieBird Scholarship. (4 sentences or less)

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**G. COMMUNITY SERVICE INFORMATION:**

You must demonstrate interest and enthusiasm for community service. Your dedication to volunteering and helping others must go above the requirements for graduation and exceed 200 hours in the last 5 years. Please use the space below to identify the community service you performed. Be sure to total the number of hours in the “Number of Hours Served” space at the bottom of the page. Copy this page or attach a typed list if the space provided is not sufficient. *(Please note: paid employment will not be considered as community service.)*

Name of Organization: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_  
First Last Title/Position

Supervisor Telephone: \_\_\_\_\_

Number of Hours: \_\_\_\_\_ Dates of Service: \_\_\_\_\_



Name of Organization: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_  
First Last Title/Position

Supervisor Telephone: \_\_\_\_\_

Number of Hours: \_\_\_\_\_ Dates of Service: \_\_\_\_\_

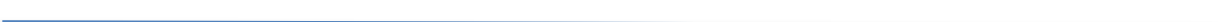


Name of Organization: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_  
First Last Title/Position

Supervisor Telephone: \_\_\_\_\_

Number of Hours: \_\_\_\_\_ Dates of Service: \_\_\_\_\_



Name of Organization: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_  
First Last Title/Position

Supervisor Telephone: \_\_\_\_\_

Number of Hours: \_\_\_\_\_ Dates of Service: \_\_\_\_\_

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Name of Organization: \_\_\_\_\_

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First Last Title/Position

Supervisor Telephone: \_\_\_\_\_

Number of Hours: \_\_\_\_\_ Dates of Service: \_\_\_\_\_

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Name of Organization: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_  
First Last Title/Position

Supervisor Telephone: \_\_\_\_\_

Number of Hours: \_\_\_\_\_ Dates of Service: \_\_\_\_\_

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**TOTAL COMMUNITY SERVICE HOURS**  
**FOR ALL ORGANIZATIONS:** \_\_\_\_\_

**Which Community Service Activity meant the most to you? Why? (3 or 4 sentences):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**H. RECOMMENDATION FORM – PERSONAL REFERENCE:**

Two letters of reference are required: one from a teacher and one from another non-family member. The writer of each letter must complete this Recommendation Form, write a letter of reference and place both in a sealed envelope that is submitted in the completed application package. It may be useful to explain the scholarship to the writer of the letter so that he/she may tailor it to the qualities important to this scholarship. Additional recommendation letters are most welcome but not required.

Please complete the below table and place this page with your letter of recommendation in a sealed envelope and provide it to the applicant to submit with the completed application.

Name of Applicant: \_\_\_\_\_

Your name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

In what capacity have you known the applicant? \_\_\_\_\_

Please check whether you feel the applicant is below average, average, good, very good or excellent in demonstrating the below characteristics:

<u>CHARACTERISTIC</u>	<u>BELOW AVERAGE</u>	<u>AVERAGE</u>	<u>GOOD</u>	<u>VERY GOOD</u>	<u>EXCELLENT</u>
Responsibility					
Compassion					
Leadership					
Work Habits					
Initiative					
Empathy					
Teamwork					
Enthusiasm					
Stewardship					

**I. RECOMMENDATION FORM – TEACHER:**

Two letters of reference are required: one from a teacher and one from a non-family member. The writer of each letter must complete this Recommendation Form, write a letter of reference and place both in a sealed envelope that is submitted in the completed application package. It may be useful to explain the scholarship to the writer of the letter so that he/she may tailor it to the qualities important to this scholarship. Additional recommendation letters are most welcome but not required.

Please complete the below table and place this page with your letter of recommendation in a sealed envelope and provide it to the applicant to submit with the completed application.

Name of Applicant: \_\_\_\_\_

Your name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

In what capacity have you known the applicant? \_\_\_\_\_

Please check whether you feel the applicant is below average, average, good, very good or excellent in demonstrating the below characteristics:

<u>CHARACTERISTIC</u>	<u>BELOW AVERAGE</u>	<u>AVERAGE</u>	<u>GOOD</u>	<u>VERY GOOD</u>	<u>EXCELLENT</u>
Responsibility					
Compassion					
Leadership					
Work Habits					
Initiative					
Empathy					
Teamwork					
Enthusiasm					
Stewardship					

*Be sure to review your application and that the following items are included in your application packet:*

- [ ] Completed Application Form (*including live signature*)
- [ ] Two-Page Typed Essay
- [ ] Official High School Transcript
- [ ] College Acceptance Letter
- [ ] Two recommendation letters
- [ ] Parent/legal guardian Signatures
- [ ] Answer to the 'Why You?' Question

**Mail your completed application packet to:**

The JeannieBird Baking Company  
**Attention: Scholarship Fund Review Committee**  
42 West Main St.  
Westminster MD 21157

**OR** Email it to us at: **JeannieBirdSF@gmail.com**

[www.JeannieBird.com/scholarship](http://www.JeannieBird.com/scholarship)

*We wish you the best of luck!*

