**The Jalen Talbert Memorial Scholarship**

*From Tragedy to Transformation, One Scholarship at a Time*

The Jalen Talbert Memorial Scholarship is a tribute to the enduring memory of Jalen Talbert, a vibrant and passionate soul whose life was tragically cut short by gun violence in August 2017. Jalen's own dreams may have been tragically unfulfilled, but his unwavering love for education continues to ignite our hearts. The Talbert Memorial Fund has instituted the Jalen Talbert Memorial Scholarship as an embodiment of Jalen's spirit. This scholarship is an annual opportunity, bestowed every August, dedicated to individuals who have emerged as survivors of crime, channeling their personal pain into a powerful passion for education while extending a hand to help others on their own journeys.

We invite you to explore the scholarship criteria and consider applying. Please know that we stand by your side, ready to offer support as you embark on this transformative journey. Special consideration will be given to applicants seeking a trade or creative arts program.

**Scholarship Types and Amounts** (Three scholarships will be awarded annually):

1st Scholarship: $1,500 2nd Scholarship: $1,000 3rd Scholarship: $500

Full Name: Date of Birth:

Address:

City: State: Zip:

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

How did you learn of the Jalen Talbert Memorial Scholarship:

 **\*\*\* EDUCATION \*\*\***

High School: Dates attended: to

Graduate? Yes \_\_\_ No \_\_\_\_

GED: Dates attended: to

Graduate? Yes \_\_\_ No \_\_\_\_

Vocational School: Dates attended: to

Graduate? Yes \_\_\_ No \_\_\_\_

**If you are currently enrolled in college or vocational school, or are a previous student re-entering school, please include a copy of your current or most recent grade transcript. Do not send high school transcripts.**

**\*\*\* INFORMATION ABOUT THE DECEASED VICTIM AND CRIME (For Verification Purposes) \*\*\***

Name of deceased victim:

Date of death of victim: Where did crime occur:

City/State

The deceased was a victim of: Murder \_\_\_\_\_ Manslaughter \_\_\_\_\_ Domestic Violence

Name of investigating agency \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was the case prosecuted? YES / NO What was your age at the time of the crime?

What is your relationship to the deceased victim?

Surviving Sibling \_\_\_\_\_ Surviving Minor Child \_\_\_\_\_\_ Surviving Child Over 18 years of Age\_\_\_\_\_

Surviving Wife/Husband with One or More Children\_\_\_\_\_\_\_ (If so, how many children? \_\_\_\_\_\_)

**\*\*\* GRIEF COUNSELING VERIFICATION \*\*\***

Please confirm that you are currently receiving counseling or have completed 6 months of grief counseling through a counseling center, hospice, grief support group, faith-based program, OR other nationally recognized services.

Counseling Period: From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_To\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Service (Provider):

Address:

City: State: Zip:

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

**Note: A confirmation on the counselor’s letterhead (if possible), should be provided with the application to confirm grief counseling was received.**

**\*\*\* PERSONAL IMPACT ESSAY \*\*\***

On a separate paper, please submit a 500-word personal essay discussing how your life has been affected by the impact of a homicide crime, the role of counseling in aiding your grief process, and the reasons why this scholarship holds personal importance for you.

**\*\*\* APPLICATION DEADLINE – JUNE 30 \*\*\***

The application cycle for this scholarship program runs from March 1 through June 30 of each year. Application must be received by June 30, with transcripts (if applicable) to be considered for the current application cycle. Application may be emailed to info@TalbertMemorialFund.org or sent by USPS, postmarked by June 30th.

If you have questions about the Jalen Talbert Memorial Scholarship or the application process, please email info@TalbertMemorialFoundation.org. Your submission of this application conveys your permission and understanding that the information provided will be verified. I hereby authorize the Talbert Memorial Fund to confirm that I have received grief counseling as required by the scholarship eligibility criteria.

I do state the above information is accurate to the best of my knowledge:

Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Scholarship information may be released for publicity. The Talbert Memorial Fund awards our scholarships without regard to race, ethnicity, religion, sex, age, disability, or national origin.

Send electronically, email OR Mail to the

Talbert Memorial Fund

1917 E. 79th Street, Chicago, IL 60649