Salin Foundation Community Scholarship Program

TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES
Completeness and neatness ensure your application will be reviewed properly.

Application postmark deadline March 15

FOR SCHOLARSHIP MANAGEMENT SERVICES USE ONLY

I.D. #	AA	PD	RIC/CS	GPA	SATCR	SATM	SATW	ACTC	TOTAL

APPLICANT DATA

Last Name _____ First _____ Middle Initial _____

Permanent Home Mailing Address _____ Apartment # _____

City _____ State _____ ZIP Code _____

Telephone (_____) _____ Date of Birth: Month _____ Day _____ Year _____

Email Address _____

Please indicate your status. (For statistical purposes only) ☐ Male ☐ Female

☐ American Indian/Alaska Native ☐ Black/African American ☐ Multi-Racial ☐ White

☐ Asian ☐ Hispanic/Latino ☐ Native Hawaiian/Pacific Islander

PARENT OR GUARDIAN INFORMATION

Last Name _____ First _____ Middle Initial _____

Address _____

Relationship to Applicant _____ Day Telephone (_____) _____

Email Address _____ Fax Number (_____) _____

HIGH SCHOOL DATA

Applicant is a high school senior attending one of the following schools:

☐ Columbus East High School, Columbus, IN
☐ Columbus North High School, Columbus, IN
☐ Delphi Community High School, Delphi, IN
☐ Edinburgh Community High School, Edinburgh, IN
☐ Carroll Consolidated School Corp., Flora, IN
☐ Snider High School, Ft. Wayne, IN
☐ South Side High School, Ft. Wayne, IN
☐ Mississinewa High School, Gas City, IN
☐ Kokomo High School, Kokomo, IN
☐ West Lafayette High School, Lafayette, IN
☐ Logansport Comm. High School, Logansport, IN
☐ Marion High School, Marion, IN
☐ Lewis Cass Junior/Senior High School, Walton, IN

High School Graduation Date: Month _____ Year _____ Telephone (_____) _____

POST-SECONDARY SCHOOL DATA

Name of postsecondary school you plan to attend. (If unknown, please list in order of preference the schools to which you have applied.)
Use official school names. Do not use abbreviations. Postsecondary school must be in the state of Indiana.

_____ City _____ State **IN**

_____ City _____ State **IN**

☐ 4 yr. College or University ☐ 2 yr. Community or Junior College
☐ Vocational-Technical School ☐ Other, explain _____

Year in school **next** year: ☐ 1 ☐ Other, explain _____

Major or course of study: _____ Expected college graduation date: Month _____ Year _____

Degree sought: ☐ Bachelor ☐ Associate ☐ Certificate ☐ Other _____

Student will: ☐ live on campus ☐ live off campus ☐ commute from home

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Sending a resumé does not replace any part of this application. If space provided in any section is inadequate, you may continue on additional sheets. Attachments must follow the same format. DO NOT repeat information already reported on the application form. Your name, address and name of this scholarship program should be included on all attachments.

WORK EXPERIENCE

Describe your work experience during the **past four years** (e.g., food server, babysitting, lawn mowing, office work). Indicate dates of employment for each job and approximate **number of hours worked** each week.

Employer/Position	From - Mo/Yr	To - Mo/Yr	Hours per Week	Were you paid for your work?
				YES / NO
				YES / NO
				YES / NO
				YES / NO

ACTIVITIES, AWARDS AND HONORS

List all school activities in which you have participated during the **past four years** (e.g., student government, music, sports, etc.). List all community activities in which you have participated without pay during the **past four years** (e.g., Boy/Girl Scouts, hospital volunteer, Special Olympics). Note all special awards, honors and offices held.

Activity	No. of Years Partic.	Special Awards, Honors	Offices Held	Activity	No. of Years Partic.	Special Awards, Honors	Offices Held

GOALS AND ASPIRATIONS

Make a brief statement or summary of your plans as they relate to your educational and career objectives and long-term goals.

_____

_____

_____

_____

_____

UNUSUAL CIRCUMSTANCES

Please describe how and when any unusual family or personal circumstances have affected your achievement in school, work experience, or your participation in school and community activities.

_____

_____

_____

PARENTS' FINANCIAL DATA (REQUIRED)

Instructions for this section are provided in the guidelines.

The applicant's parents or guardians must complete this portion of the application. Adjusted gross income and total federal income tax amounts should be from parents' most recently filed tax return. **To be considered for an award, this section must be filled out completely.**

1. State of Residence ……..... _____
2. Adjusted Gross Income (FORM 1040) …… $ _____
3. Total Federal Tax Paid (FORM 1040) ……. $ _____
   (Not the amount withheld from paychecks)
4. Total Income of Parent …….. $ _____

   Total Income of Other Parent……$ _____
5. Yearly Untaxed Income and Benefits:
   Please indicate source –
   ☐ Social Security ☐ Child Support
   ☐ Other _____ …… $ _____
6. Medical and Dental Expenses not paid by insurance (exclude premiums) ……..$ _____
7. Total Cash, Checking, Savings, and Cash Value of Stocks (exclude retirement plan funds, IRA, 401k) $ _____
8. Total number of family members living in the household and primarily supported by the reported income …# _____
9. Marital status of parent or guardian:
   ☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐ Single
10. Of the total number of family members on line 8, number of students attending college at least half-time during the next school year (include applicant, exclude parents) …# _____

OTHER AWARDS

Please list the name and annual amount of any grants or scholarships you have been awarded for the coming school year only.

Name of Award:	School to which award will be applied:	Amount:	Check One:
_____	_____	$ _____	☐ Granted ☐ Pending
_____	_____	$ _____	☐ Granted ☐ Pending

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APPLICANT APPRAISAL (REQUIRED)

To the Applicant: This section is required and must be completed in the format provided. If incomplete, your application will not be evaluated. The section is to be completed by a high school counselor or advisor, an instructor, or a work supervisor who knows you well.

To the Adult Appraiser: *You have been asked to provide information in support of this application. Please give immediate and serious attention to the following statements. When complete, please return to applicant. If you prefer, photocopy this section and return to applicant in a sealed envelope. A letter of recommendation does not replace this section.*

The applicant's choice of a postsecondary educational program is	☐ extremely appropriate	☐ very appropriate	☐ moderately appropriate	☐ inappropriate
The applicant's achievements reflect his/her ability	☐ extremely well	☐ very well	☐ moderately well	☐ not well
The applicant's ability to set realistic and attainable goals is	☐ excellent	☐ good	☐ fair	☐ poor
The quality of the applicant's commitment to school and/or community is	☐ excellent	☐ good	☐ fair	☐ poor
The applicant is able to seek, find, and use learning resources	☐ extremely well	☐ very well	☐ moderately well	☐ not well
The applicant demonstrates curiosity and initiative	☐ extremely well	☐ very well	☐ moderately well	☐ not well
The applicant demonstrates good problem-solving skills, follows through, and completes tasks	☐ extremely well	☐ very well	☐ moderately well	☐ not well
The applicant's respect for self and others is	☐ excellent	☐ good	☐ fair	☐ poor

Comments: _____

_____

_____

Appraiser's Name _____ Title _____ Telephone (_____) _____

Signature _____ Organization _____ Date _____

TRANSCRIPT INFORMATION

A complete transcript of grades **must** be sent with this application. Grade reports are not acceptable.

All applicants **must** include a high school transcript of grades and have this section completed by the appropriate school official.

(A clear explanation of the school's grading scale must also be submitted.)

Applicant ranks _____ in a class of _____	Cumulative Grade Point Average	SAT			ACT				
	Weighted: _____/4.0 scale	Critical Reading	Math	Writing	English	Math	Reading	Science	Composite
	Unweighted: _____/4.0 scale								

School Official's Signature _____ Date _____ Title _____ Telephone (_____) _____

School Official's Address: Street _____ City _____ State _____ ZIP Code _____

APPLICATION CHECKLIST

The student is responsible for submitting all materials to Scholarship Management Services on time. Incomplete applications will not be evaluated. This application becomes complete and valid only when all of the following materials have been received:

- ☐ Student Application with completed Applicant Appraisal
- ☐ Current Complete Transcript(s) of Grades (including grading scale)

Postmark deadline March 15

All materials, including transcript, must be addressed to:

Salin Foundation Community Scholarship Program
Scholarship Management Services
One Scholarship Way
Saint Peter, MN 56082

CERTIFICATION

Scholarship Management Services has the sole responsibility for selecting recipients based on criteria as set forth in the program's description. This application becomes the property of Scholarship Management Services. (It is recommended you keep a copy for your files.)

I acknowledge decisions are final. I certify I meet eligibility requirements of the program as described in the guidelines and the information provided is complete and accurate to the best of my knowledge. If requested, I will provide proof of information, including an official transcript of grades and a copy of my U.S. Income Tax Return. Falsification of information may result in termination of any award granted.

Applicant's Signature _____ Date _____

Parent/Guardian's Signature _____ Date _____

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