

TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES

Completeness and neatness ensure your application will be reviewed properly.

Application postmark deadline April 15, 2020

FOR SCHOLARSHIP AMERICA USE ONLY

I.D. #	AA	PD	RIC/CS	GPA	SATRW	SATM	ACTC	SP1	TOTAL

APPLICANT DATA

Last Name _____ First _____ Middle Initial _____
 Permanent Home _____
 Mailing Address _____ Apartment # _____
 City _____ State _____ ZIP Code _____
 Telephone (_____) _____ Cell Phone (_____) _____
 Email Address (Required for notification) _____
 Date of Birth: Month _____ Day _____ Year _____
 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/ GUARDIAN OR ALTERNATE CONTACT INFORMATION

Last Name _____ First _____ Middle Initial _____
 Email Address _____ Relationship to Applicant _____
 City _____ State _____ Phone (_____) _____

HIGH SCHOOL DATA

Please indicate the high school you attended.
 Arcadia High School, Arcadia Montello Junior/Senior High School, Montello Stoughton High School, Stoughton
 Black River Falls High, Black River Falls Neillsville High School, Neillsville Viroqua High School, Viroqua
 Bloomer High School, Bloomer Riverdale Schools, Muscoda Wautoma High School, Wautoma
 Mineral Point High, Mineral Point
 Years attended _____ to _____
 High school Graduation Date: Month _____ Year _____ OR Date Received GED Month _____ Year _____

POST-SECONDARY SCHOOL DATA

Name of postsecondary school **you plan to attend for the entire 2020-21 academic year. Use official school name. Do not use abbreviations.**
 School: _____ City _____ State _____
 4 yr. College or University 2 yr. Community or Junior College
 Vocational-Technical School Other, explain _____
 Major or course of study: _____ Expected graduation date: Month _____ Year _____
 Level in college next year: 1 2 3 4 5 Other, explain _____
 Academic status: Undergraduate Other _____ Enrollment status: Part-time Full-time
 Degree sought: Bachelor's Associate Certificate Other _____
 Student will take courses online ONLY? Yes No

List **all** postsecondary schools you **previously** attended (if any). Use official school name. Do not use abbreviations.

School: _____ City _____ State _____
 Dates Attended: From _____ To _____ Total Credits Earned: _____ Degree Earned (if any): _____
 Full Name on transcript, if different from applicant's current name above _____
 School: _____ City _____ State _____
 Dates Attended: From _____ To _____ Total Credits Earned: _____ Degree Earned (if any): _____
 Full Name on transcript, if different from applicant's current name above _____

(If space provided in any section is inadequate, you may continue on additional sheets. Attachments must follow the same format.)

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 paid work experience during the **past four years** (e.g., office work, professional work; if stay at home parent, please indicate). 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?
				YES / NO
				YES / NO
				YES / NO
				YES / NO

ACTIVITIES, OFFICES, AWARDS AND HONORS

List school, community service and volunteer activities in which you have participated without pay during the **past four years** (e.g., hospital or hospice volunteer, charity fundraiser, committee member, religious instructor). 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 STATEMENT

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

FINANCIAL DATA (REQUIRED)

Instructions for this section are provided in the guidelines.

If you are independent, information about you and your spouse (if applicable) should be provided. If you are a dependent student, please have your parent/guardian complete this section. Adjusted gross income and total federal income tax amounts should be from the most recently filed tax return. **To be considered for an award, this section must be filled out completely.**

I am an independent student. The data below represents my finances.

I am a dependent student. The data below represents my parents' finances.

- | | | | |
|---|----------|--|----------|
| 1. State of Residence | _____ | 6. Medical and Dental Expenses not paid by insurance (exclude premiums) | \$ _____ |
| 2. Adjusted Gross Income (FORM 1040) | \$ _____ | 7. Total Cash, Checking, Savings, and Cash Value of Stocks (exclude retirement plan funds, IRA, 401k) \$ | _____ |
| 3. Total Federal Tax Paid (FORM 1040) | \$ _____ | (Not the amount withheld from paychecks) | |
| 4. Total Income of Parent (Self) | \$ _____ | 8. Total number of family members living in the household and primarily supported by the reported income ...# | _____ |
| Total Income of Other Parent (Spouse)..... | \$ _____ | 9. Marital status of parent, guardian or self: | |
| 5. Yearly Untaxed Income and Benefits: | | <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Single | |
| Please indicate source – | | 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) ...# | _____ |
| <input type="checkbox"/> Social Security <input type="checkbox"/> Child Support | | | |
| <input type="checkbox"/> Other | \$ _____ | | |

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 counselor, advisor, an instructor, clergy or a work supervisor who knows you well.

To the Appraiser: *You have been asked to provide information in support of this application. Please rate this applicant on his or her demonstration of the attributes below. 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	<input type="checkbox"/> extremely appropriate	<input type="checkbox"/> very appropriate	<input type="checkbox"/> moderately appropriate	<input type="checkbox"/> inappropriate
The applicant's achievements reflect his/her ability	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's ability to set realistic and attainable goals is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The quality of the applicant's commitment to school and/or community is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The applicant is able to seek, find, and use learning resources	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates curiosity and initiative	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates good problem-solving skills, follows through, and completes tasks	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's respect for self and others is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor

Comments: _____

Appraiser's Name _____ Title _____ Telephone (_____) _____
Signature _____ Organization _____ Date _____

REQUIRED MATERIALS

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

- Applicants currently or previously enrolled in college or vocational-technical school must** include all college or vo-tech transcripts of grades from each school attended. Unofficial transcripts must display student name, school name, grade and credit hours earned for each course, and term in which each course was taken.
- Applicants who have completed less than one full term** of postsecondary education **must** include a high school transcript of grades **OR** a copy of their GED certificate and test scores.

APPLICATION CHECKLIST

The applicant is responsible for submitting all materials to Scholarship America 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
- Copy of page one and two of applicant's/family's most recently filed IRS 1040 income tax form
- Complete transcript(s) of grades (as specified in required materials section above)

All materials, including transcript, must be addressed to:
The Edwin E. and Janet L. Bryant Foundation, Inc.
Scholarship Program
Scholarship America
One Scholarship Way
Saint Peter, MN 56082

Postmark deadline April 15, 2020

CERTIFICATION

Scholarship America 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 America. (It is recommended you keep a copy for your files.)

I consent to data collected in this application being used for the purpose of selecting scholarship recipients, communication and promotion of the program. Data will be processed in compliance with the Scholarship America Privacy Policy.

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.

Applicant's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____
(required if applicant is a dependent)