

TYPE

Application for IEC Scholarship Program

		Applice
OR PRINT	ALL INFORMATION EXCEPT SIGNATURES	С

completeness ensures your application will be reviewed properly

FOR SCHOLARSHIP AMERICA USE ONLY	I.D. #					
APPLICANT INFORMATION	Last Name		First		Middle Initial	
	Permanent Home				Apartment #	
					Code	
	Phone () Date of Birth: Month Day Year Email Address(Required for notification)					
	· ·	tus. (For statistical purpose ska Native	es only) 🗌 Male Black/African American Hispanic/Latino		☐ White	
HIGH SCHOOL INFORMATION	Which of the following did you obtain: High School Diploma GED Other; explain					
	School Name		High	School Graduation Date: Mc	onth Year	
	City		State	e Phone ())	
POST- SECONDARY SCHOOL INFORMATION	Select the postsecondary school you are attending:					
	Start date: Month Year Expected college graduation date: Month Year					
	Student ID # Program of study:					
APPLICATION CHECKLIST	The student 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			All materials, including transcript, must be addressed to: IEC Scholarship Program Scholarship America		
		cript or proof of enrollment				
	All materials must be received at Scholarship America by December 10			One Scholarship Way Saint Peter, MN 56082		
ESSAY	Using page 2 of this application, answer the following question:					
Must be 250 words or more	Why do you want to pursue a career in your field of study?					
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 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 grade. Falsification of information may result in termination of any award granted.					
	By signing this application, I agree to accept the scholarship if selected as a recipient. I understand that if I am selected as a recipient I will receive notification and my award will be sent directly to my school for my account.					
	Applicant's Signature			Date		

