



# John and Barbara Grimmer Scholarship Program

TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES

Completeness and neatness ensure your application will be reviewed properly.

Application postmark deadline May 10

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 \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Email Address (Required for notification) \_\_\_\_\_

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

### EMPLOYEE PARENT OR GUARDIAN INFORMATION

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Employee ID Number \_\_\_\_\_ Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Email Address \_\_\_\_\_

Date of Hire: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Work Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Full-time Employee  Retired Employee  Long-term Disability Employee  Deceased Employee

Job Title \_\_\_\_\_ Department \_\_\_\_\_

Division/Subsidiary \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_ The applicant is a dependent of the employee  Yes  No

### HIGH SCHOOL DATA

School Name \_\_\_\_\_ High School Graduation Date: Month \_\_\_\_\_ Year \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

### 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.

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

4 yr. College or University  2 yr. Community or Junior College

Vocational-Technical School  Other, explain \_\_\_\_\_

Year in school next year: 1 2 3 4 5 or Graduate Study

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

Degree sought:  Bachelor  Associate  Certificate  Other, explain \_\_\_\_\_

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
				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. **Indicate whether high school or college activities.**

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.

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**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.

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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 or college 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	<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 \_\_\_\_\_

**TRANSCRIPT INFORMATION**

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

**1. Students 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. (Completion of high school information below is not necessary.)

**2. High school seniors and students who have completed less than one full quarter or semester of postsecondary education must** include a high school transcript of grades and have this section completed by the appropriate school official. **(A clear explanation of the high school's grading scale must also be submitted.)**

Applicant ranks _____ in a class of _____	Cumulative Grade Point Average	SAT		ACT				
	Weighted: _____/4.0 scale	Evidence-Based Reading & Writing	Math	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 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
- Current Complete Transcript(s) of Grades (including grading scale)

All materials, including transcript, must be addressed to:

**John and Barbara Grimmer Scholarship Program**  
 Scholarship America  
 One Scholarship Way  
 Saint Peter, MN 56082

**Postmark deadline May 10**

**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 \_\_\_\_\_

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_