

The Robert Simpson Honorary Scholarship Program



TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES

Completeness and neatness ensure that your application will be reviewed properly.

Application postmark deadline March 20

FOR SCHOLARSHIP AMERICA USE ONLY

I.D. #	AA	PD	GPA	TOTAL

APPLICANT DATA
(Applicant must be a current college senior or currently enrolled in a Master's or Doctorate program)

Last Name _____ First _____ Middle Initial _____
 Permanent Home Mailing Address _____ Apartment # _____
 City _____ State/Province _____ ZIP/Postal Code _____ Country _____
 Telephone (_____) _____ 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 # (6 digits) _____ Work Telephone (_____) _____
 Email Address _____
 Job Title _____ Department _____ WM Employee Hire Date _____
 WM Division/Subsidiary _____ City _____ State/Province _____
 Relationship to Applicant _____

POST-SECONDARY SCHOOL DATA

Name **all** postsecondary schools you have attended. **Use official school name. Do not use abbreviations.**
 School: _____ City _____ State/Province _____
 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/Province _____
 Dates Attended: From _____ To _____ Total Credits Earned: _____ Degree Earned (if any): _____
 Full Name on transcript, if different from applicant's current name above _____

GRADUATE SCHOOL DATA

Name of graduate school you plan to attend. **Use official school name. Do not use abbreviations.**
 School: _____ City _____ State/Province _____
 Major or course of study: Engineering Business Law
 Expected graduation date: Month _____ Year _____
 Degree sought: Doctorate Master's Other _____
 Student will take courses online ONLY? Yes No

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.

FINANCIAL DATA (REQUIRED)

Instructions for this section are provided in the guidelines.

If you are a dependent student, please have your parent/guardian complete this section. If you are independent, information about you and your spouse (if applicable) should be provided. 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 a dependent student. The data below represents my parents' finances.
- I am an independent student. The data below represents my finances.

- | | |
|--|--|
| <p>1. State/Province of Residence _____</p> <p>2. Adjusted Gross Income\$ _____</p> <p>3. US/Canadian Federal Tax Paid.....\$ _____
(Not the amount withheld from paychecks)</p> <p>4. Total Income of Employee Parent.....\$ _____</p> <p style="padding-left: 20px;">Total Income of Other Parent..... \$ _____</p> <p>5. U.S. Only - Yearly Untaxed Income and Benefits:
Please indicate source –</p> <p><input type="checkbox"/> Social Security <input type="checkbox"/> Child Support</p> <p><input type="checkbox"/> Other \$ _____</p> | <p>6. Medical and Dental Expenses not paid by insurance (exclude premiums)\$ _____</p> <p>7. Total Cash, Checking, Savings, and Cash Value of Stocks (exclude retirement plan funds, IRA, 401k) \$ _____</p> <p>8. Total number of family members living in the household and primarily supported by the reported income ...# _____</p> <p>9. Marital status of parent, guardian or self:
<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Single</p> <p>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) ...# _____</p> |
|--|--|

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 college or graduate school counselor, advisor, an instructor, clergy 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 graduate school 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 TRANSCRIPT

A complete college transcript of grades **must** be sent with this application. If you have attended more than one college, include the transcript of grades from each college attended. Grade reports are not acceptable. Unofficial transcripts must display student name, school name, grade and credit hours earned for each course and term in which each course was taken.

APPLICATION CHECKLIST

Call with any questions on completing this application, 507-931-1682.

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)
Grade reports are not acceptable

All materials, including transcript, must be addressed to:

Robert Simpson Honorary Scholarship Program
Scholarship America
One Scholarship Way
Saint Peter, MN 56082 USA

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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 _____

INSTRUCTIONS FOR COMPLETING THE FINANCIAL DATA SECTION OF THE APPLICATION

The Financial Data section of the application should be completed by the employee or student if independent. Information should be from a completed tax return or based on estimated information to be filed with the IRS/Revenue Canada.

1. **State/Province of residence** is the state/province where the parents reside and pay state/province income tax.
2. **Adjusted gross income** can be found on IRS FORM 1040 and is gross income reduced by specific adjustments allowed by law. For Canadian applicants, report Taxable Income (both parents).
3. **U.S./Canadian total federal tax paid** includes the total amount of **federal** income tax to be paid. This is **not** the amount withheld from employee's paychecks. (The amount withheld should be adjusted by any refund or additional taxes due.) Do **not** report state/province income tax.
4. **Total income** of parent(s) should be reported individually. Provide information for both natural parents when possible. **If the student resides with only one parent**, financial information **must** be received from the employee or member of the company sponsoring the scholarship program and from the parent who claims the child as a dependent for tax purposes. If a parent has remarried, the spouse's information is required if the spouse is a legal guardian of the student, or claims the student as a dependent, or the student is included in the spouse's benefit plan. **If necessary, two Financial Data sections may be submitted by the student.** A copy of the Financial Data section may be made in order for one to be completed by each parent.
5. **Untaxed income and benefits** (For U.S. applicants only) include any other income or benefits not included in the adjusted gross income figure. Do not include untaxed contributions to retirement plans.
6. **Medical and dental expenses** include only those expenses not paid by insurance. Do not include premium payments.
7. **Total cash, checking, savings, cash value of stocks, etc.**, includes liquid assets that can be used for educational expenses. **Do not include** IRA, 401k, RRSP, or other retirement plan funds.
8. **Total number of family members** living in the household and primarily supported by the reported income may include:
 - the applicant
 - the applicant's parents
 - other children living in the household
 - dependent college students living away from home
 - other people who live in the household and receive more than half of their support from the reported income
9. **Marital status** is the current status of the person from whom the financial information is submitted.
10. **Of the total number of family members on line 8, number of students attending college** includes family members attending a two- or four-year college, university, or vocational-technical school at least half-time. Include the applicant in this number. Do not include parents.

NOTE: Any exceptions to providing financial information as instructed above must be submitted to Scholarship America in writing.