



TO THE APPLICANT:

Please complete this application so we can determine your eligibility for receiving funds set aside to help students who plan to go on to postsecondary education, and who satisfy other criteria developed by Scholarship America.

Complete pages two and three of this application at your earliest convenience. These pages are PDF fillable form documents. Then bring the application to the person you have selected to complete the appraisal (page 4). You are encouraged to select a school or college counselor or teacher. If this procedure is inappropriate, you may select an employer, member of the clergy, a job supervisor, or any other person who is in a position to evaluate you according to the criteria given. This person will complete page 4 and return it to the school counselor.

If any questions are not applicable to your current situation, please attach an explanatory note referring to the questions by section. If more space is required for information on any items, you may attach additional information. Please indicate appropriate sections.

You are responsible for seeing that all supporting documents are submitted. Scholarship America and its affiliate programs reserve the right to process only applications found to be complete as of the application postmark deadline.

REMEMBER: This application becomes valid only when the following have been submitted:

- Application
- All Required Signatures
- Current Transcript of Grades
- Application Deadline: **MARCH 31, 2011**

Certification and Permission to use "Recipient Information" to Announce Scholarship Winners

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in termination of any scholarship granted.

I agree that if I am offered and accept an award from Scholarship America® or an affiliated program, Scholarship America and its affiliated programs may use my name, photograph or likeness, the name of my community, the name and address of my school, the amount of the award, and the name of the postsecondary institution I will attend (my "Recipient Information") in press releases, public announcements, and other fundraising or promotional materials in all media (including the Internet), to advance the non-profit objectives of Scholarship America and its affiliated programs.

Applicant's Signature _____ Date _____

Parent Signature (if student is less than 18 years old) _____

Signature of chapter official _____ State _____

Name of Chapter _____ Kindred Area Dollars for Scholars - ND 0552

(Chapter official will sign upon application is submitted.)

ID #

AWARD AMOUNT

PLEASE PRINT OR TYPE

APPLICANT DATA

Mr. _____
Ms. Name (Last) (First) (MI) Social Security Number (Optional)

Permanent Address (Street) (City) (State) (Zip)

Date of Birth (month, day, year) Telephone Number E-Mail Address

Name of parent/guardian _____

Permanent mailing address of parent/guardian if different from applicant
(Street) (City) (State) (Zip)

Telephone Number

SCHOOL DATA

High School Attended _____ Graduation Date: Month _____ Year _____

Address _____ (Street) (City) (State) (Zip) Telephone Number _____

Name of High School Principal _____

Name of postsecondary school for which applicant's scholarship is requested: _____
4-year College/University Vo-Tech
Community College Other
Accredited? Yes No

Address _____ (City) (State) (Zip)

Year in postsecondary program during coming school year: Undergraduate 1 2 3 4 5 or Graduate 6

Student will: Live on campus Live off campus commute

Enrolled: less than half-time half-time or more full-time

Anticipated date of graduation from postsecondary program _____
(month) (year)

Major field of study applicant plans to pursue _____

DEMOGRAPHIC DATA (optional)

Please Check All that Apply:

- African American/Black Asian/Pacific Islander Hispanic/Latino American Indian/Alaska Native
- White/Caucasian Other (Please Specify) _____

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OTHER AWARDS

Please list below the names and amounts of any grants or scholarships that you have been awarded for the coming school year.

Name of Award	Amount	Granted	Pending

PERSONAL DATA

Describe your work experience during the **past 4 years**. Indicate dates of employment in each job and approximate number of hours worked each week.

Position	Date From (mo/yr)	Date To (mo/yr)	Hours Per Week

List all school activities in which you have participated during the **past 4 years** (e.g., student government, music, sports, etc.) List all community activities in which you have participated without pay during the **past 4 years** (e.g., Red Cross, church work, volunteer work). Indicate all special awards and honors.

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

Make a statement of your plans as they relate to your educational and career objectives and future goals.

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.

