South St. Paul Rod & Gun Club Scholarship Program

TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES
Completeness and neatness ensure your application will be reviewed properly.

Application postmark deadline March 31

FOR SCHOLARSHIP AMERICA SERVICES USE ONLY

I.D. #	AA	PD	RIC/CS	GPA	SATCR	SATM	SATW	ACTC	TOTAL

APPLICANT DATA

Last Name _____ First _____ Middle Initial _____

Permanent Home Mailing Address _____ Apartment # _____

City _____ State _____ ZIP Code _____

Telephone (_____) _____ Email Address _____

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

Check if you are: (check all that apply)

☐ A current employee of South St. Paul Rod & Gun Club

☐ A past employee of South St. Paul Rod & Gun Club

☐ A child of a current member of South St. Paul Rod & Gun Club

Member's Name _____

☐ A grandchild of a current member of South St. Paul Rod & Gun Club

Member's Name _____

HIGH SCHOOL DATA

Check if you are a student at:

☐ Cretin-Derham Hall ☐ Simley Senior High School ☐ Woodbury Senior High School
☐ East Ridge High School ☐ South St. Paul Secondary School
☐ Henry Senior High School ☐ St. Croix Lutheran
☐ Math And Sciences Academy ☐ St. Thomas Academy

☐ Other: School Name _____ City _____ State _____

Graduation date: Month _____ Day_____ Year_____

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 <u>not</u> 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 ☐ Other, explain _____

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

Degree sought: ☐ Bachelor ☐ Associate ☐ Certificate ☐ Other, explain _____

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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.** 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.

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.

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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	☐ extremely appropriate	☐ very appropriate	☐ moderately appropriate	☐ inappropriate
The applicant's achievements reflect his/her ability	☐ extremely well	☐ very well	☐ moderately well	☐ not well
The applicant's ability to set realistic and attainable goals is	☐ excellent	☐ good	☐ fair	☐ poor
The quality of the applicant's commitment to school and/or community is	☐ excellent	☐ good	☐ fair	☐ poor
The applicant is able to seek, find, and use learning resources	☐ extremely well	☐ very well	☐ moderately well	☐ not well
The applicant demonstrates curiosity and initiative	☐ extremely well	☐ very well	☐ moderately well	☐ not well
The applicant demonstrates good problem-solving skills, follows through, and completes tasks	☐ extremely well	☐ very well	☐ moderately well	☐ not well
The applicant's respect for self and others is	☐ excellent	☐ good	☐ fair	☐ 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.

All applicants **who are high school seniors must** have this section completed by the appropriate school official.

(A clear explanation of the 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)

Postmark deadline March 31

All materials, including transcript, must be addressed to:

South St. Paul Rod & Gun Club Scholarship Program
Scholarship America
One Scholarship Way
Saint Peter, MN 56082

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 grades. Falsification of information may result in termination of any award granted.

Applicant's Signature _____ Date _____

Employee's Signature _____ Date _____

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