

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 post-secondary education, and who satisfy other criteria developed by Scholarship America[®].

Begin by printing page (Applicant Appraisal) and give it to the person you have selected to complete it. You are encouraged to select a college counselor, advisor or professor/instructor. Please affix a sticky note to the page with your name on it so that when it is returned to the Milaca Scholarship Foundation (MSF), it is easily identifiable as yours (remember, do not write your name on the form itself).

Download the application and print it. Complete your sections of this application at your earliest convenience and then mail the application to: MSF, PO Box 262, Milaca, MN 56353.

If any questions are not applicable to your current situation, please attach an explanatory note referring 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. Please print and complete this application and mail it to: MSF, PO Box 262, Milaca, MN 56353.

APPLICATION CHECKLIST

This application for student aid becomes complete only when you have returned the following materials (Two first-class stamps are required for mailing). Application

All required signatures

Current Transcript of Grades

Application Deadline: PLEASE CHECK WEBSITE

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 affiliate program, Scholarship American® and its affiliate programs may use my name, photograph or likeness, and 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.

			ID # To be assign	nod by MSE
APPLICANT APPRAISA To be completed by a <u>college cou</u> You have been asked to provide in Please give immediate and seriou MSF, P.O. BOX 262, MILACA, MN	<u>inselor, advisor, or profess</u> information in support of th us attention to the followin	his application for fir	nancial aid.	
The applicant's choice of a post-secondary education program is	Extremely appropriate	Very appropriate	e 🗌 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 commitm to school and community is	nent Excellent	Good	Fair	Poor
The applicant is able to seek, find, and use learning resources	d Extremely appropriate	Very appropriate	Moderately appropriate	Inappropriate
The applicant demonstrates curiosity and initiative	Extremely appropriate	Very appropriate	Moderately appropriate	Inappropriate
The applicant demonstrates good problem skills, follows through and complete tasks	solving	Very appropriate	Moderately appropriate	Inappropriate
The applicant's respect for self and others is	Excellent	Good	Fair	Poor
Comments (Do not name student	.)			
Appraiser's Signature	(Date)	(Title)	(Phon	e Number)
Appraiser's Business Address	(Street)	(City)	(State)	(Zip)

Return Application to: MSF, P.O. Box 262, Milaca, MN 56353

To be assigned by MSF

PLEASE PRINT OR TYPE

APPLICANT DATA

Ms.				
Mr Name (Last)	(First)		(MI)	
Permanent Address (Street)	(City)	(St	ate)	(Zip)
Date of Birth (month, date, year)	(Telephone Number)	(E-Mail Add	ress)	
Name of parent(s) / guardian(s)				
Permanent mailing address of parent/guardian if different from application _				
	(Street)	(City)	(State)	(Zip)
	(Telephone Number)		-	
SCHOOL DATA				
High School Attended		Graduation Date	e: Month Y	′ear
Address(City)	(State)	(Zip)	_	
Name of post-secondary school for which ap		4-year College/Univer Community Colle ccredited? Yes No		H
Address(Street)		(City)	(State)	(Zip)
Year in post-secondary program during comi	ng school year: Undergraduate 1	2 3 4 5	or Graduate	6
Enrolled: less than half-time	half-time or more full-ti	me		
Anticipated date of graduation from post-seco	ondary program(month)	(уеа	ar)	
Major field of study applicant is pursuing:				

PERSONAL DATA

Describe your work experience during your **post secondary years.** Only 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 your **post secondary years** (e.g. student government, music, sports, etc.) List all community activities in which you have participated without pay during your **post-secondary years** (e.g., Red Cross, church work, volunteer works). Indicate all special awards and honors.

Activity	# Yrs. Participate	Special Awards, Honors, Offices held	Activity	#Yrs. Participate	Special Awards, Honors, Offices Held

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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.