ICMA-RC Vantagepoint Public Employee Memorial Scholarship Fund

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

Application postmark deadline March 15

FOR SCHOLARSHIP MANAGEMENT SERVICES USE ONLY

I.D. #	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 _____

Social Security Number _____ Date of Birth: Month _____ Day _____ Year _____

Please indicate your status. (For statistical purposes only) ☐ Male ☐ Female High School Graduation Date: Month____ Year____

☐ American Indian/Alaska Native ☐ Black/African American ☐ Multi-Racial ☐ White
☐ Asian ☐ Hispanic/Latino ☐ Native Hawaiian/Pacific Islander

DECEASED PUBLIC EMPLOYEE INFORMATION (REQUIRED)

An official letter from the deceased employee's place of work certifying that the employee died in service to community must be included with this application.

Deceased's Last Name _____ First _____ Middle Initial _____

Applicant's relationship to deceased employee: ☐ Child ☐ Spouse

Please indicate the category for which the deceased employee worked:

☐ Fire and Rescue ☐ Law Enforcement ☐ General Public Employee ☐ Other, explain _____

Employer Name _____ Employer Telephone _____

City _____ State _____

If applicant is a child of the deceased employee: INFORMATION FOR OTHER PARENT OR GUARDIAN

Last Name _____ First _____ Middle Initial _____

Social Security Number _____ Day Telephone (_____) _____

Email Address _____ Fax Number (_____) _____

Company/Employer Name _____ City _____

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 _____

Student will: ☐ live on campus ☐ live off campus ☐ commute from home

If school choice is a public institution, applicant will pay: ☐ in-state resident tuition ☐ out-of-state tuition

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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
				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.

_____

_____

_____

_____

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.

_____

_____

_____

PARENTS' 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.

1. State of Residence ……..... _____
2. Adjusted Gross Income (FORM 1040) …… $ _____
3. Total Federal Tax Paid (FORM 1040) ……. $ _____
   (Not the amount withheld from paychecks)
4. Total Income of Father/Applicant……. $ _____

   Total Income of Mother/Spouse (if any)…… $ _____
5. Yearly Untaxed Income and Benefits:
   Please indicate source –
   ☐ Social Security ☐ AFDC ☐ Child Support
   ☐ Other _____ …… $ _____
6. Medical and Dental Expenses not paid by insurance (exclude premiums) ……..$ _____
7. Total Cash, Checking, Savings, and Cash Value of Stocks (exclude retirement plan funds, IRA, 401k) $ _____
8. Total number of family members living in the household and primarily supported by the reported income …# _____
9. Marital status of parent/guardian (or applicant if independent):
   ☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐ Single
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) …# _____

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OTHER AWARDS

Please list the name and annual amount of any grants or scholarships you have been awarded for the coming school year only.

Name of Award:	School to which award will be applied:	Amount:	Check One:	
_____	_____	$ _____	☐ Granted	☐ Pending
_____	_____	$ _____	☐ Granted	☐ Pending
_____	_____	$ _____	☐ Granted	☐ Pending
_____	_____	$ _____	☐ Granted	☐ Pending

LETTER OF RECOMMENDATION (REQUIRED)

The applicant must submit one letter of recommendation completed by a high school or college counselor or advisor, an instructor, or a work supervisor who knows you well. The letter **must** be enclosed with the application and may be placed in a sealed envelope.

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. Online 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.)**

	Cumulative Grade Point Average	SAT			ACT				
Applicant ranks _____	Weighted: _____/4.0 scale	Critical Reading	Math	Writing	English	Math	Reading	Science	Composite
in a class of _____	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 Management Services 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
- ☐ Current Complete Transcript(s) of Grades (including grading scale)
- ☐ One letter of recommendation
- ☐ Employer Certification Letter

All materials, including transcript, must be addressed to:

ICMA-RC Vantagepoint Public Employee Memorial Scholarship Fund
Scholarship Management Services
One Scholarship Way
Saint Peter, MN 56082

Postmark deadline March 15

CERTIFICATION

Scholarship Management Services 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 Management Services. (It is recommended you keep a copy for your files.)

If selected as a finalist, I authorize release and understand my application, transcript, and attachments will be reviewed by the ICMA-RC Vantagepoint Public Employee Memorial Scholarship Fund selection committee. 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 and a copy of my U.S. Income Tax Return. Falsification of information may result in termination of any award granted.

Applicant's Signature _____ Date _____

Parent's Signature (for applicants 18 years or younger) _____ Date _____

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