

## Fort Dodge Community Foundation Serving Fort Dodge, Webster County and North Central Iowa

24 N 9th Street Suite B Fort Dodge, IA 50501 515-573-3179

## **Scholarship Application 2020-2021 Due March 1, 2021**

| Student's Name:   | Date of Birth                                   |                     |                    |              |  |
|---|---|---------------------|--------------------|--------------|--|
| Address:  | City  |                     |                    | Zip          |  |
| Student's E-mail Address:   |   |                     |                    |              |  |
| Social Security Number:   | Gen   | der:                | M                  | F            |  |
| Home Phone  | Cell Phone                                      |                     |                    |              |  |
| Father's Name   | Mother's Name                                   |                     |                    |              |  |
| Parent's address (if different from above)  |   |                     |                    |              |  |
| Father's Occupation & Employer  |   |                     |                    |              |  |
| Mother's Occupation & Employer  |   |                     |                    |              |  |
| Names and Ages of Siblings  |   |                     |                    |              |  |
| *Family Income Below \$25,000<br>For Need-based \$50,000 - \$60,000<br>Scholarships \$80,000 - \$90,000<br>*Income is Adjusted Gross Income reported to t | \$60,000 - \$70,000\$<br>\$90,000 - \$100,000\$ | 570,000<br>5100,000 | - \$80,0<br>0 & Ab | 000<br>pove- |  |
| Amount of financial assistance applicant will re  | ceive from his/her parents                      |                     |                    |              |  |
| Other family members currently attending colle  | ge  |                     |                    |              |  |
| Applicant's Annual Income Ho  | ours worked / year (estimate)                   | ):                  |                    |              |  |
| If applicant has any special circumstances that is (examples: physical handicap, medical bills, job   | -   | -                   |                    |              |  |
|   |   |                     |                    |              |  |
| Academic Achievement and Test Scores ( <u>required</u> )  |   |                     |                    |              |  |
| GPA/  | ACT Score                                       | \$                  | SAT S              | core         |  |
|   |   |                     |                    |              |  |

Counselor Signature\_\_\_\_

| List any scholarships, financial awards and/or sof this year.   | student loans you currently hold or will receive in the fall       |
|---|--|
| ——————————————————————————————————————  |  |
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| COLLEGE INFORMATION   |  |
| Intended College Major  |  |
| I plan to attend the following college: 1 <sup>st</sup> choice  | ce   |
|   | ce   |
|   |  |
| 3 <sup>rd</sup> choice  | ce   |
| ETUNIC DACKC  | ROUND (select one or more):  |
|   | d by IRS regulations   |
| <ul><li>□ AMERICAN INDIAN OR ALASKA NAT</li><li>□ ASIAN</li><li>□ BLACK OR AFRICAN AMERICAN</li><li>□ WHITE</li></ul> | TIVE  HISPANIC OR LATINO NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER |
| Job Experiences Outside of School (Include Please include how many hours / week were                                  | dates of employment )/ Military Experience. worked.                |
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|   |  |
|   |  |
| <b>EXTRA-CURRICULAR ACTIVITIES IN I</b> (Attach sheet if you need additional space.)                                  | HIGH SCHOOL:   |
|   |  |
|   |  |
|   |  |
|   |  |

| (Attach sheet if you need additional space   | e.)        |  |
|--|------------|--|
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|  |            |  |
| Explain why you desire to be considered a deseriously affect your financial situation or y |            | e for this scholarship. Include any circumstances that ty to achieve your educational goals. |
| (200 words or less. You may attach one add   | litional p | age, one side, typed single or double spaced.)   |

| Explain your career goals and why you are may attach one additional page, one side, ty  | interested in pursuing these goals. (pped single or double spaced.) | (300 words or less. You |  |  |  |
|---|---|-------------------------|--|--|--|
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|   |   |                         |  |  |  |
| I verify that the information submitted in this application is accurate and truthful and I understand that any false or inaccurate information may disqualify me for any scholarship funds. |   |                         |  |  |  |
| Applicant's signature   | Date  |                         |  |  |  |