

THE GORDON A. RICH MEMORIAL SCHOLARSHIP PROGRAM

TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES

Completeness and neatness ensure your application will be reviewed properly.

Application postmark deadline February 10

FOR SCHOLARSHIP MANAGEMENT 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 _____
 Social Security Number _____ Date of Birth: Month _____ Day _____ Year _____
 How did you learn about this scholarship? _____
 Are you a U.S. citizen or legal resident? Yes No
 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

EMPLOYEE PARENT OR GUARDIAN INFORMATION

Last Name _____ First _____ Middle Initial _____
 Social Security Number _____ Work Telephone (_____) _____
 Fax Number (_____) _____ Email Address _____
 Name of Employer in Financial Services _____
 Job Title _____ Department _____
 City _____ State _____ Dates of Employment: _____ to _____
 Relationship to Applicant _____ The applicant is a dependent of the employee Yes No
 Name and telephone number of HR Representative who can verify your employment
 _____ Telephone Number (_____) _____

HIGH SCHOOL DATA

School Name _____ High School Graduation Date: Month _____ Year _____
 City _____ State _____ Telephone (_____) _____

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 Other, explain _____
 Year in school **next** year: 1st Year Other, explain _____
 Major or course of study: _____ Expected college graduation date: Month _____ Year _____
 Degree sought: Bachelor Other _____
 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

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** (e.g., food server, babysitting, lawn mowing, office work). 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 |

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.

ESSAY (REQUIRED)

On a separate sheet of paper, please respond to the following topic. Applicants who do not specifically address this topic will not be considered. Your essay should be 500 words or less, not exceeding two typewritten pages on 8 1/2" x 11" paper. Include your name and the name of the scholarship program at the top of the page.

The essay topic: Drawing on your own interests, accomplishments and experiences, tell how you've embodied the passion, spirit and ideals exemplified in the life of Gordon Rich. (Information about Mr. Rich is available on the Gordon A. Rich website www.gordonrich.org.)

PARENTS' FINANCIAL DATA (REQUIRED)

The employee must complete this portion of the application. Adjusted gross income and total federal income tax amounts should be from parents' most recently filed tax return. **To be considered for an award, this section must be filled out completely.**

- | | |
|--|--|
| <p>1. State of Residence _____</p> <p>2. Adjusted Gross Income (FORM 1040) \$ _____</p> <p>3. Total Federal Tax Paid (FORM 1040) \$ _____ (Not the amount withheld from paychecks)</p> <p>4. Total Income of Father \$ _____</p> <p style="padding-left: 20px;">Total Income of Mother \$ _____</p> <p>5. Yearly Untaxed Income and Benefits: Please indicate source – <input type="checkbox"/> Social Security <input type="checkbox"/> AFDC <input type="checkbox"/> Child Support <input type="checkbox"/> Other \$ _____</p> | <p>6. Medical and Dental Expenses not paid by insurance (exclude premiums) \$ _____</p> <p>7. Total Cash, Checking, Savings, and Cash Value of Stocks (exclude retirement plan funds, IRA, 401k) \$ _____</p> <p>8. Total number of family members living in the household and primarily supported by the reported income ...# _____</p> <p>9. Marital status of employee parent or guardian: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Single</p> <p>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) ...# _____</p> |
|--|--|

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: |
|----------------|--|----------|---|
| _____ | _____ | \$ _____ | <input type="checkbox"/> Granted <input type="checkbox"/> Pending |
| _____ | _____ | \$ _____ | <input type="checkbox"/> Granted <input type="checkbox"/> Pending |

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 counselor, advisor or an instructor from your junior or senior year.

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 | <input type="checkbox"/> extremely appropriate | <input type="checkbox"/> very appropriate | <input type="checkbox"/> moderately appropriate | <input type="checkbox"/> inappropriate |
| The applicant's achievements reflect his/her ability | <input type="checkbox"/> extremely well | <input type="checkbox"/> very well | <input type="checkbox"/> moderately well | <input type="checkbox"/> not well |
| The applicant's ability to set realistic and attainable goals is | <input type="checkbox"/> excellent | <input type="checkbox"/> good | <input type="checkbox"/> fair | <input type="checkbox"/> poor |
| The quality of the applicant's commitment to school and/or community is | <input type="checkbox"/> excellent | <input type="checkbox"/> good | <input type="checkbox"/> fair | <input type="checkbox"/> poor |
| The applicant is able to seek, find, and use learning resources | <input type="checkbox"/> extremely well | <input type="checkbox"/> very well | <input type="checkbox"/> moderately well | <input type="checkbox"/> not well |
| The applicant demonstrates curiosity and initiative | <input type="checkbox"/> extremely well | <input type="checkbox"/> very well | <input type="checkbox"/> moderately well | <input type="checkbox"/> not well |
| The applicant demonstrates good problem-solving skills, follows through, and completes tasks | <input type="checkbox"/> extremely well | <input type="checkbox"/> very well | <input type="checkbox"/> moderately well | <input type="checkbox"/> not well |
| The applicant's respect for self and others is | <input type="checkbox"/> excellent | <input type="checkbox"/> good | <input type="checkbox"/> fair | <input type="checkbox"/> 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 **must** include a high school transcript of grades and 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 | Critical Reading | Math | Writing | 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 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 with completed Applicant Appraisal
- Current Complete Transcript(s) of Grades (including grading scale)
- Essay

All materials, including transcript, must be addressed to:

The Gordon A. Rich Memorial Scholarship Program
Scholarship Management Services
One Scholarship Way
Saint Peter, MN 56082

Postmark deadline February 10

CERTIFICATION

The Gordon A. Rich Memorial Foundation and Scholarship Management Services have the responsibility for selecting recipients based on criteria as set forth in the program description. This application becomes the property of Scholarship Management Services. (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 a copy of my U.S. Income Tax Return and an official transcript of grades. Falsification of information may result in termination of any award granted. If selected as a finalist, I give my permission to Scholarship Management Services to release my application and any attachments to the Gordon A. Rich Memorial Foundation.

Applicant's Signature _____ Date _____

Employee's Signature _____ Date _____