



ICMA-RC Public Employee Memorial Scholarship Fund

TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES

Completeness and neatness help to ensure your application will be reviewed properly. Do not include Social Security numbers. Your application may be voided if included.

Application postmark deadline March 15

FOR SCHOLARSHIP AMERICA 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 (_____) _____ Date of Birth: Month _____ Day _____ Year _____

Email Address (required for notification) _____

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 or death certificate 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 SURVIVING PARENT OR GUARDIAN

Last Name _____ First _____ Middle Initial _____

Day Telephone (_____) _____ Fax Number (_____) _____

Email Address _____

Company/Employer Name _____ City _____

POST-SECONDARY SCHOOL DATA

Name the postsecondary school you plan to or currently 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

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.

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

Provide 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 or your participation in school and community activities.

PARENTS' FINANCIAL DATA (REQUIRED)

Instructions for this section are provided in the guidelines that can be found on our website.

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 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 Permanent Residence _____
2. Adjusted Gross Income (FORM 1040) \$ _____
3. Total Income of Parent 1/Applicant..... \$ _____
Total Income of Other Parent/Spouse (if any) \$ _____
4. Yearly Untaxed Income and Benefits..... \$ _____
Please indicate source –
 Social Security Child Support
 Other \$ _____
5. Total number of family members living in the household and primarily supported by the reported income ...# _____
6. Marital status
 Married Divorced Separated Widowed Single
7. Of the total number of family members on line 5, number of students attending college at least half-time during the next school year (include applicant, exclude parents) ...# _____

OTHER AWARDS

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
_____	_____	\$ _____	<input type="checkbox"/> Granted <input type="checkbox"/> Pending
_____	_____	\$ _____	<input type="checkbox"/> Granted <input type="checkbox"/> 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. Unofficial 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.)**

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 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
- Certification Letter from Deceased Employer
- One Letter of Recommendation
- Current Complete Transcript(s) of Grades (Including grading scale)

All materials, including transcript, must be addressed:
ICMA-RC Public Employee Memorial Scholarship Fund
 Scholarship America
 One Scholarship Way
 Saint Peter, MN 56082

Postmark deadline March 15

CERTIFICATION

Scholarship America has the sole responsibility for selecting finalists 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.)

If selected as a finalist, I authorize release and understand my application, transcript, and attachments will be reviewed by the ICMA-RC 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 (if applicant is 18 or younger) _____ Date _____