



## GREAT WEST CASUALTY COMPANY SCHOLARSHIP PROGRAM

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**APPLICATION DEADLINE: February 15**

**BACKGROUND:** The Great West Casualty Company Scholarship program is administered by the Siouxland Community Foundation. The purpose of the scholarship program is to assist children or other legal dependents of active full-time regular employees of any ORI Great West Holdings, Inc. subsidiary corporation in their pursuit of post-secondary education.

**ELIGIBILITY CRITERIA:** Applicants must be the son or daughter of a currently active full-time person **employed by any ORI Great West Holdings, Inc. subsidiary corporation for a minimum of one year prior to the date of the scholarship application**. Applicants must be graduating high school seniors.

**SELECTION CRITERIA:** Selection of recipients is based on such factors as above-average scholastic performance while in high school, class rank, ACT/SAT test scores, and essay evaluation. Applicants must have applied or been accepted as a full-time student at an accredited post-secondary educational institution located within the United States. Priority consideration will be given to those attending a four-year college/university.

**ANNUAL AWARD:** Maximum of four scholarships of \$1,000 each will be awarded to students entering college, with a maximum of four scholarships of \$500 each available to scholarship recipients who may reapply for a one-time renewal of scholarship aid if renewal criteria is met.

**APPLICATION PROCEDURE:** Application must be received by the February 15 deadline. *If the deadline falls on a weekend or holiday, the deadline is the first working day after February 15.* Application must include the following:

- Completed application with signature
- Essay
- Two (2) recommendations
- High School Certification Form with official high school transcript

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*Send application to:*  
**GREAT WEST CASUALTY COMPANY SCHOLARSHIP PROGRAM**  
**c/o SIOUXLAND COMMUNITY FOUNDATION**  
**505 FIFTH STREET, SUITE 412**  
**SIOUX CITY, IA 51101**

# GREAT WEST CASUALTY COMPANY SCHOLARSHIP PROGRAM

A Scholarship Program of the Siouxland Community Foundation

## SCHOLARSHIP APPLICATION

Application Deadline: February 15

### APPLICANT

1. Name: \_\_\_\_\_  
Last First Middle
2. Home Address: \_\_\_\_\_  
Street City State Zip
3. Telephone: ( ) \_\_\_\_\_ 4. Social Security Number: \_\_\_\_\_
5. E-mail Address: \_\_\_\_\_

### EMPLOYEE PARENT/GUARDIAN

1. Name: \_\_\_\_\_  
Last First Middle
2. Relationship to applicant: \_\_\_\_\_
3. Employee Position/Title: \_\_\_\_\_
4. Date Employment Began: \_\_\_\_\_ 5. Office Location: \_\_\_\_\_  
City/State
6. Home Address, if different from applicant: \_\_\_\_\_  
Street City/State Zip
7. Telephone: ( ) \_\_\_\_\_

### SCHOOL DATA

1. Name of Present High School: \_\_\_\_\_  
Street City State Zip
2. High School Graduation Date: \_\_\_\_\_  
Month Year
3. Post-secondary school for which scholarship is requested: \_\_\_\_\_  
Street City State Zip
4. School is:  4 yr. college/university  2 yr. college  vocational/tech school  other
5. Enrollment:  full-time  part-time  less than half-time
6. Anticipated Major/Degree: \_\_\_\_\_

### APPLICANT PROFILE (For this and other such questions, use an additional sheet of paper if necessary.)

1. Academic Achievement: Your school transcript will contain a summary of subjects and grades. List below academic honors or awards you have received.

Honor/Award	Reason for Award	Year Awarded (Fr. Soph. Jr. Sr.)
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_____	_____	_____
_____	_____	_____

2. High School Activities: List below all activities (school and/or community) in which you have participated to a significant degree and to which you have made a positive contribution during high school years.

Activity	Position Held	Years of Participation (Fr. Soph. Jr. Sr.)
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_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Paid Work Experience (Full or Part-time): List below work experience during high school years.

Employer	Job Description	Dates	Hours Per Week
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4. Unusual Circumstances: Please report any family and/or personal circumstances/hardships which you think warrant consideration.

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**FINANCIAL INFORMATION**

1. Annual Family Income:  Under \$21,000     \$21,000-\$30,000     \$31,000-\$40,000     \$41,000-\$50,000  
 \$51,000-\$60,000     \$61,000-\$70,000     \$71,000-\$80,000     \$81,000-\$90,000     Over \$90,000

2. Total number of persons within the household (include parents, applicant, other dependents): \_\_\_\_\_

3. Number in household, including applicant, who will attend college **full-time** during upcoming academic year: \_\_\_\_\_

4. Estimate of Anticipated Annual Educational Expenses:		Anticipated Income To Meet Your Educational Expenses:		Requested or Applied for
		Assured		
Tuition & fees	\$ _____	Personal savings	\$ _____	\$ _____
Books & supplies	\$ _____	Family resources	\$ _____	\$ _____
Room & board	\$ _____	College financial aid	\$ _____	\$ _____
Personal expenses	\$ _____	Outside employment	\$ _____	\$ _____
Other _____	\$ _____	Other scholarships (please list)		
_____	\$ _____	_____	\$ _____	\$ _____
_____	\$ _____	_____	\$ _____	\$ _____
_____	\$ _____	_____	\$ _____	\$ _____
<b>Total</b>	\$ <u>_____</u>	<b>Total</b>	\$ <u>_____</u>	\$ <u>_____</u>

**ESSAY**

Please write an essay (not to exceed two typewritten, double-spaced pages) describing your educational plans as they relate to your personal aspirations and career goals. Include motivating factors or experiences which have helped to shape your personal philosophy and/or your educational plans/career goals. **Applications without an essay will not be considered.**

**LETTERS OF RECOMMENDATION**

Applicants are required to submit **two** recommendations, one from a high school teacher and one from any adult of your choice who is not a family member. Recommendation forms are provided and should be returned along with your application, essay, high school certification form, and official high school transcript. The Siouxland Community Foundation must receive all required application materials by the February 15. *If the deadline falls on a weekend or holiday, the deadline is the first working day after February 15.*

**CERTIFICATION**

I certify that all information provided in this application is true and complete to the best of my knowledge.

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_

*Send completed application to:*

Great West Casualty Company Scholarship Program  
c/o Siouxland Community Foundation,  
505 Fifth Street, Suite 412, Sioux City, Iowa 51101  
(712) 293-3303



# GREAT WEST CASUALTY COMPANY SCHOLARSHIP PROGRAM

A Scholarship Program of the Siouxland Community Foundation

## APPLICANT RECOMMENDATION FORM

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### Application Deadline: February 15

To be completed by a high school teacher or another adult (other than a family member). The person who fills out this form must be different from the person who fills out the High School Certification Form.

1. Name of Applicant: \_\_\_\_\_
2. How long have you known the applicant? \_\_\_\_\_
3. How are you acquainted with this applicant? \_\_\_\_\_
4. Please describe the applicant's character, ambition to succeed, academic and leadership abilities. (May use reverse side)

5. Please add any information which you feel might assist the selection committee. (May use reverse side if necessary)

Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please place this completed form in a sealed envelope and give it to the student for submission with his/her scholarship application.**

*Questions may be directed to the Siouxland Community Foundation at (712) 293-3303.*

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Telephone ( ) \_\_\_\_\_

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