



DUANE & SHIRLEY HILLER STUDENT ATHLETE SCHOLARSHIP APPLICATION

APPLICATION DEADLINE: February 15

BACKGROUND: The Duane & Shirley Hiller Student Athlete Scholarship Fund is administered by the Siouxland Community Foundation headquartered in Sioux City, Iowa. This scholarship fund was established in 2009 by family and friends.

PURPOSE: The purpose of the scholarship program is to assist graduating seniors at West Monona High School or Kingsley-Pierson High School in their pursuit of a post-secondary education.

ELIGIBILITY CRITERIA: Applicants must be graduating seniors from either West Monona High School or Kingsley-Pierson High School that have been involved in school sponsored sports for each of their four (4) years while in high school and have a cumulative GPA of at least 2.8 (out of 4.0). Applicants must be pursuing a post-secondary education at an accredited educational institution located in Iowa, Nebraska, or South Dakota.

SELECTION CRITERIA: Selection of recipients is based on such factors as scholastic performance, participation in extracurricular & community activities, work history, and essay evaluation.

SCHOLARSHIP AWARD: \$250, not renewable.

APPLICATION PROCEDURE: Application must be received by 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
- Three (3) "Character Counts" recommendations
- High School Certification Form with official high school transcript

Send application to:
DUANE & SHIRLEY HILLER STUDENT ATHLETE SCHOLARSHIP
c/o SIOUXLAND COMMUNITY FOUNDATION
505 FIFTH STREET, SUITE 412
SIOUX CITY, IA 51101

Application questions - Call (712) 293-3303 or e-mail Foundation at office@siouxlandcommunityfoundation.org

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: _____

EDUCATIONAL EXPENSE INFORMATION

Information below is based on attendance at (name of post-secondary institution): _____

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	\$ _____	\$ _____
Transportation	\$ _____	Military educational benefits	\$ _____	\$ _____
Other _____	\$ _____	Other scholarships (please list)	\$ _____	\$ _____
_____	\$ _____	_____	\$ _____	\$ _____
_____	\$ _____	_____	\$ _____	\$ _____
Total	\$ _____	Total	\$ _____	\$ _____

ESSAY

Please attach an essay (not to exceed two typewritten, double-spaced pages) describing how athletics has influenced your overall personal character. Include examples of life lessons learned. **Applications without an essay will not be considered.**

CHARACTER COUNTS RECOMMENDATION

- Applicants are required to submit **three** (3) Character Counts recommendations (forms provided):
- one from a coach of your choice
 - one from a school official or staff member (i.e. administrator, counselor, or teacher)
 - one from another adult of your choice (not a family member)

CERTIFICATION

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

Student's Signature _____ Date _____

Send your completed application to:

The Duane & Shirley Hiller Student Athlete Scholarship Program
c/o Siouxland Community Foundation
505 Fifth Street, Suite 412
Sioux City, IA 51101
(712) 293-3303

DUANE & SHIRLEY HILLER STUDENT ATHLETE SCHOLARSHIP

A Scholarship Program of the Siouxland Community Foundation

HIGH SCHOOL CERTIFICATION FORM

Application Deadline: February 15

To be completed by the applicant's high school principal or advisor/counselor. All supplementary materials must be securely attached to this form.

1. Name of applicant: _____
2. Name of high school: _____
3. Address of high school: _____
Street City/State Zip
4. Entrance date of applicant at this high school: _____
5. Applicant will graduate on or about _____
6. At the close of the most recent term of the 12th year, the applicant ranked number ____ from the top in a class of ____
(If school policy prohibits release of a specific class rank, indicate percentile ranking in class: _____%)
7. At the close of the most recent term of the 12th year, the applicant's cumulative grade point average was _____
on a 4.0 scale.
8. **Please attach an official high school transcript to this certification form.**
9. If applicable, applicant's best ACT Score _____ SAT Score _____ **If the student has taken national achievement tests and scores from these have not been entered on the applicant's official high school transcript, please attach copies of these test scores to the transcript.**
10. In your opinion, has the student been working up to his/her true level of ability? YES _____ NO _____
Please comment: _____

11. In your judgment, is this applicant adequately prepared for admission to college? YES _____ NO _____
If not, please explain: _____

12. Type of courses taken by the applicant (General, College Preparatory, Health Occupations, etc.): _____

13. On the reverse side of this form, please describe the applicant's character, ambition to succeed, academic and leadership abilities. Feel free to add any other information which you feel might assist the selection committee.

Name _____

Title _____

Signature _____

Date _____

Telephone () _____

Email _____

Please place this completed form with official high school transcript 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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CHARACTER COUNTS RECOMMENDATION FORM

Application Deadline: February 15

Applicants are required to submit **three** (3) Character Counts recommendations.

Recommendation #1: from a coach of your choice

1. Name of Applicant: _____
2. How long have you known the applicant? _____
3. How are you acquainted with this applicant? _____
4. Using the grid below, please rate the applicant in relation to the Six Pillars of Character.

SIX PILLARS OF CHARACTER	APPLICANT SCORE Score 1 - 5 points with 1 as the lowest and 5 as the highest
TRUSTWORTHINESS - Is honest, reliable, loyal to friends & family	
RESPECT - Is tolerant of differences, considerate of others, uses good manners	
RESPONSIBILITY - Is accountable for choices, perseveres, uses self-control, is self-disciplined	
FAIRNESS - Plays by the rules, is open-minded, listens to others	
CARING - Is kind & compassionate, expresses gratitude, helps those in need	
CITIZENSHIP - Is cooperative, involved in school & community affairs, obeys the rules & laws	

TOTAL SCORE: _____

On the reverse side of this form, please describe the applicant's character and any other information which you feel might assist the selection committee.

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.

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CHARACTER COUNTS RECOMMENDATION FORM

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Applicants are required to submit **three (3)** Character Counts recommendations.

Recommendation #2: from a school official or staff member (i.e. administrator, counselor, or teacher)

1. Name of Applicant: _____
2. How long have you known the applicant? _____
3. How are you acquainted with this applicant? _____
4. Using the grid below, please rate the applicant in relation to the Six Pillars of Character.

SIX PILLARS OF CHARACTER	APPLICANT SCORE Score 1 - 5 points with 1 as the lowest and 5 as the highest
TRUSTWORTHINESS - Is honest, reliable, loyal to friends & family	
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TOTAL SCORE: _____

On the reverse side of this form, please describe the applicant's character and any other information which you feel might assist the selection committee.

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.

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CHARACTER COUNTS RECOMMENDATION FORM

Application Deadline: February 15

Applicants are required to submit **three (3)** Character Counts recommendations.

Recommendation #3: from another adult of your choice (not a family member or school staff member)

1. Name of Applicant: _____
2. How long have you known the applicant? _____
3. How are you acquainted with this applicant? _____
4. Using the grid below, please rate the applicant in relation to the Six Pillars of Character.

SIX PILLARS OF CHARACTER	APPLICANT SCORE Score 1 - 5 points with 1 as the lowest and 5 as the highest
TRUSTWORTHINESS - Is honest, reliable, loyal to friends & family	
RESPECT - Is tolerant of differences, considerate of others, uses good manners	
RESPONSIBILITY - Is accountable for choices, perseveres, uses self-control, is self-disciplined	
FAIRNESS - Plays by the rules, is open-minded, listens to others	
CARING - Is kind & compassionate, expresses gratitude, helps those in need	
CITIZENSHIP - Is cooperative, involved in school & community affairs, obeys the rules & laws	

TOTAL SCORE: _____

On the reverse side of this form, please describe the applicant's character and any other information which you feel might assist the selection committee.

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.

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