



KIND WORLD FOUNDATION SCHOLARSHIP APPLICATION

APPLICATION DEADLINE: February 1

BACKGROUND: The Kind World Foundation Scholarship Fund is administered by the Siouxland Community Foundation headquartered in Sioux City, Iowa. This scholarship fund was established in 2008 by the Kind World Foundation.

PURPOSE: The purpose of the scholarship program is to assist Siouxland graduating high school seniors in realizing their dreams of going to college to pursue a post-secondary education.

ELIGIBILITY CRITERIA: Applicants must be graduating seniors from East High School, North High School, West High School, or Bishop Heelan High School in Sioux City, Iowa; Sergeant Bluff-Luton High School in Sergeant Bluff, Iowa; Dakota Valley High School in North Sioux City, South Dakota; Elk Point-Jefferson High School in Elk Point, South Dakota; or South Sioux City Senior High School in South Sioux City, Nebraska. Applicants must have a minimum cumulative GPA of at least 3.0 (out of 4.0).

SELECTION CRITERIA: Selection of recipients is based on such factors as scholastic performance while in high school, good character, participation in extracurricular school activities, community service, work history, financial need, special circumstances or hardships overcome, and essay evaluation.

SCHOLARSHIP AWARD: Awards range from \$5,000 to \$10,000.

APPLICATION PROCEDURE: Application must be received by February 1 deadline. *If the deadline falls on a weekend or holiday, the deadline is the first working day after February 1.* Application must include the following:

- Completed application with signature
- First page of your parents'/guardians' (or your) most current U.S. Income Tax Return (Form 1040).
- Essay
- Three (3) "Character Counts" recommendations
- High School Certification Form with official high school transcript
- One (1) wallet-size photo

Send application to:
KIND WORLD FOUNDATION SCHOLARSHIP
c/o SIOUXLAND COMMUNITY FOUNDATION
505 FIFTH STREET, SUITE 412
SIOUX CITY, IA 51101

KIND WORLD FOUNDATION SCHOLARSHIP

A Scholarship Program of the Siouxland Community Foundation

SCHOLARSHIP APPLICATION

Application Deadline: February 1

APPLICANT

- Name: _____
Last First Middle
- Home Address: _____
Street City State Zip
- Telephone: () _____
- Social Security Number: _____
- E-Mail Address: _____
- Name of Parent(s)/Guardian(s): _____
- Address, if different from applicant: _____
Street City/State Zip
- Telephone, if different from applicant: () _____

SCHOOL DATA

- Name of Present High School: _____
Street City State Zip
- High School Graduation Date: _____
Month Year
- Post-secondary institution for which scholarship aid is requested: _____
Address City State Zip
- School is: 4 yr. college/university 2 yr. college vocational/tech school other _____
- Enrollment: Full-time Part-time
- Anticipated Major/Degree: _____

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

- 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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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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	\$ _____	\$ _____

INCOME, EXPENSES, AND ASSET DATA

If you are a dependent student, please have your parents/legal guardians complete this section. If you are legally classified as an independent student, complete student column only to supply your (and your spouse’s information if applicable) financial information. Figures should be taken from most recent U.S. Income Tax Return.

<input type="checkbox"/> I am an independent student.	<u>Student</u>	<u>Parent/Guardian</u>
1. Adjusted gross income (Form 1040)	\$ _____	\$ _____
2. Total federal tax paid (Form 1040)	\$ _____	\$ _____
3. Income earned from work by father/legal guardian)		\$ _____
Income earned from work by mother/legal guardian.....		\$ _____
Income earned by you (and your spouse’s information if applicable).....	\$ _____	
4. Yearly untaxed income and benefits: Social Security, AFDC, child support, etc.	\$ _____	\$ _____
5. Total cash, checking, savings, cash value of stocks, bonds, CD’s, etc. (exclude retirement plan funds, IRA, 401(k)	\$ _____	\$ _____
6. Total number of family members living in household that are primarily supported by the reported income (include yourself, parents/guardians, other dependents).....		# _____

ADDITIONAL INFORMATION

- Parents’ (your) current marital status single married separated divorced widowed
- Total number in household (**including yourself**) that will be attending a post-secondary school at least ½ time during upcoming academic year # _____
- Have either of your parents attended college? Father: no yes Level attained:
Mother: no yes Level attained:
- Does your family own a business which provides or supplements part of your family income? no yes
Name of business: _____

FINANCIAL INFORMATION CERTIFICATION

Attached is a **copy of page one** of my parents’/guardians’ (or my) most current U.S. Income Tax Return (Form 1040).

I certify that all the information on this page is true and complete to the best of my (our) knowledge. I (we) realize that failure to provide the information requested above may prevent the applicant from receiving any aid.

Applicant signature _____	Date _____
Parent/Guardian signature (not required for independent student) _____	Date _____

ESSAY

Please attach an essay (not to exceed two typewritten, double-spaced pages using a minimum 11 pt. font size) describing how the overcoming of any unusual circumstances/hardships in your life has influenced your personal philosophy, future plans and career goals. Include motivating factors or experiences. **Applications without an essay will not be considered.**

CHARACTER COUNTS RECOMMENDATION

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

APPLICANT PHOTO

Applicants are requested to provide **one (1)** wallet-size photo.

If a scholarship is awarded, your signature below gives the Siouxland Community Foundation permission to use your name and photo in any of the Foundation’s publication materials, reports, press releases, newsletters, and activities associated with this scholarship program.

Applicant signature

Date

Parent/Guardian signature (if applicant is under the age of 18)

Date

APPLICATION CHECKLIST

Application must be received by the February 1 deadline. *If the deadline falls on a weekend or holiday, the deadline is the first working day after February 1.* Application must include the following:

- Completed application (4-page) with signature
- First page of your parents’/guardians’ (or your) most current U.S. Income Tax Return (Form 1040)
- Essay
- Three (3) “Character Counts” recommendations
- High School Certification Form
- Official high school transcript
- One (1) wallet-size photo

CERTIFICATION

I certify that all information provided in this application is true and complete to the best of my knowledge. I understand that the financial information will be considered confidential for review by members of the Scholarship Selection Committee.

Student Signature _____

Date _____

Send your completed application to:

Kind World Foundation Scholarship Program
 c/o Siouxland Community Foundation
 505 Fifth Street, Suite 412
 Sioux City, IA 51101
 (712) 293-3303

KIND WORLD FOUNDATION SCHOLARSHIP

A Scholarship Program of the Siouxland Community Foundation

HIGH SCHOOL CERTIFICATION FORM

Application Deadline: February 1

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.): _____

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 Foundation at (712) 293-3303.

KIND WORLD FOUNDATION SCHOLARSHIP

A Scholarship Program of the Siouxland Community Foundation

CHARACTER COUNTS RECOMMENDATION FORM

Application Deadline: February 1

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

Recommendation #1: **FROM A 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.

<u>SIX PILLARS OF CHARACTER</u>	<u>CIRCLE ONE</u> (with 1 as lowest & 8 as highest)	
TRUSTWORTHINESS - Is honest, reliable, loyal to friends & family	1 2 3 4 5 6 7 8	Comment: _____ _____
RESPECT - Is tolerant of differences, considerate of others, uses good manners	1 2 3 4 5 6 7 8	Comment: _____ _____
RESPONSIBILITY - Is accountable for choices, perseveres, uses self-control, is self-disciplined	1 2 3 4 5 6 7 8	Comment: _____ _____
FAIRNESS - Plays by the rules, is open-minded, listens to others	1 2 3 4 5 6 7 8	Comment: _____ _____
CARING - Is kind & compassionate, expresses gratitude, helps those in need	1 2 3 4 5 6 7 8	Comment: _____ _____
CITIZENSHIP - Is cooperative, involved in school & community affairs, obeys the rules & laws	1 2 3 4 5 6 7 8	Comment: _____ _____

TOTAL SCORE: _____

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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KIND WORLD FOUNDATION SCHOLARSHIP

A Scholarship Program of the Siouxland Community Foundation

CHARACTER COUNTS RECOMMENDATION FORM

Application Deadline: February 1

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

- Recommendation #2: **FROM A SCHOOL OFFICIAL OR STAFF MEMBER**
(i.e. administrator, counselor, or another 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.

<u>SIX PILLARS OF CHARACTER</u>	<u>CIRCLE ONE</u> (with 1 as lowest & 8 as highest)	
TRUSTWORTHINESS - Is honest, reliable, loyal to friends & family	1 2 3 4 5 6 7 8	Comment: _____ _____
RESPECT - Is tolerant of differences, considerate of others, uses good manners	1 2 3 4 5 6 7 8	Comment: _____ _____
RESPONSIBILITY - Is accountable for choices, perseveres, uses self-control, is self-disciplined	1 2 3 4 5 6 7 8	Comment: _____ _____
FAIRNESS - Plays by the rules, is open-minded, listens to others	1 2 3 4 5 6 7 8	Comment: _____ _____
CARING - Is kind & compassionate, expresses gratitude, helps those in need	1 2 3 4 5 6 7 8	Comment: _____ _____
CITIZENSHIP - Is cooperative, involved in school & community affairs, obeys the rules & laws	1 2 3 4 5 6 7 8	Comment: _____ _____

TOTAL SCORE: _____

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 Foundation at (712) 293-3303.

KIND WORLD FOUNDATION SCHOLARSHIP

A Scholarship Program of the Siouxland Community Foundation

CHARACTER COUNTS RECOMMENDATION FORM

Application Deadline: February 1

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

- Recommendation #3: **FROM AN 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.

<u>SIX PILLARS OF CHARACTER</u>	<u>CIRCLE ONE</u> (with 1 as lowest & 8 as highest)	Comment: _____
TRUSTWORTHINESS - Is honest, reliable, loyal to friends & family	1 2 3 4 5 6 7 8	_____
RESPECT - Is tolerant of differences, considerate of others, uses good manners	1 2 3 4 5 6 7 8	_____
RESPONSIBILITY - Is accountable for choices, perseveres, uses self-control, is self-disciplined	1 2 3 4 5 6 7 8	_____
FAIRNESS - Plays by the rules, is open-minded, listens to others	1 2 3 4 5 6 7 8	_____
CARING - Is kind & compassionate, expresses gratitude, helps those in need	1 2 3 4 5 6 7 8	_____
CITIZENSHIP - Is cooperative, involved in school & community affairs, obeys the rules & laws	1 2 3 4 5 6 7 8	_____

TOTAL SCORE: _____

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 Foundation at (712) 293-3303.