



PAUL LINDBERG MEMORIAL SCHOLARSHIP APPLICATION

APPLICATION DEADLINE: March 15

BACKGROUND: The Paul Lindberg Memorial Scholarship is administered by the Siouxland Community Foundation headquartered in Sioux City, Iowa. This scholarship fund was originally established by the Westwood Education Foundation in memory of Paul Lindberg.

PURPOSE: The purpose of the scholarship program is to assist graduating Westwood High School seniors in their pursuit of a post-secondary education at an accredited college/university to obtain a 4-year academic degree. In memory of Mr. Lindberg, applicants must be pursuing a career in the field of agriculture or engineering.

ELIGIBILITY CRITERIA: Applicants must have a minimum GPA of 3.0 (out of 4.0), be pursuing a career in the field of agriculture or engineering, and be graduating seniors from Westwood High School in Sloan, IA.

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

SCHOLARSHIP AWARD: \$1,000 - not renewable

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

- Completed application with signature
- Essay
- High School Certification Form with official high school transcript

Send application to:
**PAUL LINDBERG MEMORIAL SCHOLARSHIP
c/o SIOUXLAND COMMUNITY FOUNDATION
505 FIFTH STREET, SUITE 412
SIOUX CITY, IA 51101**

Application questions – Call (712) 293-3303

PAUL LINDBERG MEMORIAL SCHOLARSHIP

A Scholarship Program of the Siouxland Community Foundation

SCHOLARSHIP APPLICATION

Application Deadline: March 15

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: _____
Street 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.)

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

- Unusual Circumstances: Please report any family and/or personal circumstances/hardships which you think warrant consideration.

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HIGH SCHOOL CERTIFICATION FORM

Application Deadline: March 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.