



## KAREN LINDER MEMORIAL SCHOLARSHIP APPLICATION

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**APPLICATION DEADLINE: February 15**

**BACKGROUND:** The Karen Linder Memorial Scholarship is administered by the Siouxland Community Foundation headquartered in Sioux City, Iowa. This scholarship fund was established in 2008 by family and friends in loving memory of Karen who was killed in a tragic car accident in Michigan on August 10, 2007. Karen had a passion for academic learning. She was one of the valedictorians for her 2006 North High School graduating class and on the Dean's List while at Hope College. Karen was also very passionate about dancing with Siouxland Movement Arts, singing, and playing her clarinet and saxophone. While in high school she was an active performer and soloist in band, jazz band, choir, musicals, and madrigal dinners.



**PURPOSE:** The purpose of the scholarship program is to assist graduating North High School seniors in their pursuit of a post-secondary education at an accredited four-year college/university.

**ELIGIBILITY CRITERIA:** Applicants must be graduating seniors from North High School in Sioux City, Iowa; have a cumulative GPA of at least 3.5; and must have participated in Fine Arts extracurricular school and/or community activities.

**SELECTION CRITERIA:** Selection of recipients is based on such factors as scholastic performance while in high school, school and/or community service activities, financial need, and essay evaluation.

**SCHOLARSHIP AWARD:** \$500, not renewable

**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) Character Counts recommendations
- High School Certification Form with official high school transcript

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

# KAREN LINDER MEMORIAL SCHOLARSHIP

*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: \_\_\_\_\_
6. Name of Parent(s)/Guardian(s): \_\_\_\_\_
7. Address, if different from applicant: \_\_\_\_\_  
Street City/State Zip
8. Telephone, if different from applicant: ( ) \_\_\_\_\_

### SCHOOL DATA

1. Name of Present High School: \_\_\_\_\_  
Street City State Zip
2. High School Graduation Date: \_\_\_\_\_  
Month Year
3. Post-secondary institution for which scholarship aid is requested: \_\_\_\_\_  
Street City State Zip
4. School is:  4 yr. college/university  2 yr. college
5. Enrollment:  Full-time  Part-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. *(Be sure to include participation in Fine Arts activities (music, choir, dance, drama, band, orchestra, etc.)*

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>	\$ _____	<b>Total</b>	\$ _____	\$ _____
	=====		=====	=====

**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 and describe how your participation in Fine Arts activities helped shape your personal philosophy. **Applications without an essay will not be considered.**

**CHARACTER COUNTS RECOMMENDATION** - Applicants are required to submit **two (2)** Character Counts recommendations completed by two different high school staff members. The recommendation form is provided and should be returned along with your application, essay, high school certification form, and official school transcript. The Siouxland Community Foundation must receive all required application materials by the February 15 application deadline. *If the deadline falls on a weekend or holiday, the deadline is the first working day after February 15.*

**CERTIFICATION** - I certify that I am a graduating senior at North High School in Sioux City, Iowa, 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:*

Karen Linder Memorial Scholarship  
c/o Siouxland Community Foundation  
505 Fifth Street, Suite 412  
Sioux City, IA 51101  
(712) 293-3303



**KAREN LINDER MEMORIAL SCHOLARSHIP**  
*A Scholarship Program of the Siouxland Community Foundation*

**CHARACTER COUNTS RECOMMENDATION FORM**

**Application Deadline: February 15**

**Two forms must be completed by two different high school staff members.**

1. Name of Applicant: \_\_\_\_\_
2. How long have you known the applicant? \_\_\_\_\_
3. Using the grid below, please rate the applicant in relation to the Six Pillars of Character.

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

**TOTAL SCORE:** \_\_\_\_\_

4. Please add any information on the reverse side of this form which you feel might assist the selection committee.

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Signature \_\_\_\_\_

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