



KAREN LINDER MEMORIAL SCHOLARSHIP APPLICATION

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

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.

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)		
_____	\$ _____	_____	\$ _____	\$ _____
_____	\$ _____	_____	\$ _____	\$ _____
_____	\$ _____	_____	\$ _____	\$ _____
Total	\$ _____	Total	\$ _____	\$ _____
	=====		=====	=====

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.

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: _____

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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