



THE MONONA COUNTY COMMUNITY PARTNERS FOUNDATION SCHOLARSHIP APPLICATION

APPLICATION DEADLINE: February 15

BACKGROUND: The Monona County Community Partners Foundation (MCCPF) was established in 2005 through affiliation with the Siouxland Community Foundation. This scholarship program was established in 2007 by the MCCPF Advisory Board.

PURPOSE: The purpose of the scholarship program is to assist graduating high school seniors in their pursuit of a post-secondary education at an accredited educational institution located in the state of Iowa.

ELIGIBILITY CRITERIA: Applicants must be graduating seniors that reside in Monona County and have a cumulative GPA of at least 2.5 (out of 4.0).

SELECTION CRITERIA: Selection of recipients is based on such factors as scholastic performance while in high school, school and/or community service activities, work history, and essay evaluation. Community service is considered of greatest importance.

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
- High School Certification Form with official high school transcript
- "Character Counts" recommendation

Send application to:
Monona County Community Partners Foundation
c/o MCCPF Administrative Office
505 Fifth Street, Suite 412
Sioux City, IA 51101

Application questions - Call (712) 293-3303

**THE MONONA COUNTY COMMUNITY PARTNERS
FOUNDATION SCHOLARSHIP**

Affiliated with 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 in Iowa for which scholarship aid is requested: _____
Street City State Zip
4. School is: 4 yr. college/university 2 yr. college vocational/tech school other _____
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. Please describe in detail the frequency and amount of involvement (*use an additional sheet of paper if necessary*).

Activity	Grade Level				Time Spent		Positions Held, Honors
	9	10	11	12	Hours Per Week	Weeks Per Year	
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____

3. Paid Work Experience (full or part-time): List below work experience during high school years.

Employer	Job Description	Dates	Hours Per Week
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ESSAY

Please write an essay (not to exceed two typewritten, double-spaced pages) describing how your community and county involvements influenced your 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 **one** Character Counts recommendation completed by your high school counselor (or principal). The recommendation form is provided and should be returned along with your application, essay, high school certification form, and official school transcript. The 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 high school senior residing in Monona County 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:

Monona County Community Partners Foundation
 c/o MCCPF Administrative Office
 505 Fifth Street, Suite 412
 Sioux City, IA 51101
 (712) 293-3303

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CHARACTER COUNTS RECOMMENDATION FORM

Application Deadline: February 15

To be completed by the applicant's high school advisor/counselor or principal.

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 _____ 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.