

Deadline is March 31, 2010

**Citizens' Scholarship Foundation of BGM
Application for School Year Ending May, 2010**

Applicant Data

Name: _____ Telephone: (____) _____
(Last) (First) (Middle)

Permanent Address: _____ Date of Birth: _____

Social Security Number: _____ - _____ - _____

Parent/Guardian Data (name those that are signing below)

Name(s): _____ Telephone: (____) _____

Address: _____

Certification and Signatures

1. All of the information on this application is true and complete to the best of our knowledge. When asked by an authorized official of the CSF of BGM, we agree to give proof of the information that we have given. We also realize that if we do not give proof, the applicant will not qualify for a scholarship.
2. I understand that certain pages of this application may be given to groups or individuals with awarding authority over other scholarships given at CSF of BGM Awards night.
3. I agree to permit CSF of BGM to confer with my postsecondary institution to verify my enrollment during the term of my award.
4. I agree that if I am offered and accept an award from CSF of BGM that CSF of BGM, its parent organization Scholarship America and its affiliated programs and regional offices may use my name, my photograph or likeness, the name of my community, the name and address of my school, the amount of the award, and the name of the postsecondary institution I will attend in press releases, public announcements, and other fundraising or promotional materials in all media (including the Internet), to advance the non-profit objectives of CSF of BGM, Scholarship America, and their affiliated programs.
5. I understand that all awards will be made to the college I am attending along with me. If I have exceeded the amount of non-taxable aid as deemed by the college, the college may return excess amounts back to the foundation.
6. I understand that I must attend an accredited school to receive my scholarship award. Accreditation means the school I attend is deemed eligible for federal financial aid opportunities by Department of Education standards.

ALL THREE MUST SIGN HERE!

(If single parent, only single parent and applicant must sign)

_____ Date: _____
Applicant

_____ Date: _____
Parent/Guardian

_____ Date: _____
Parent/Guardian

Explanation of Application

If you have any question on any part of the application or the procedure used to award the scholarships, you are encouraged to ask us. Your questions this year can help us make changes in the future. Remember to fill in each section as completely as possible. Please make sure you print legibly or type the application. Applications are available on our website – www.csfofbgm.com

Page 1: Note that this page is the only page in which your name and ID# will appear together. Page 1 will be REMOVED before scoring. Your application will be separated by pages and different people will score each page. In this manner, no scorer will know whose application they are scoring. This page **MUST BE SIGNED BY YOU AND BOTH PARENTS**. If a single parent only, the single parent must sign along with the applicant. If you are independent of parents, only your signature is required.

Page 2: This is the explanation of the application

Page 3: Certain scholarships have specific requirements for awarding. The items on this page help to determine those requirements. Please fill out all items completely. Please initial the GPA **AFTER** the school official fills this in and signs the application.

Page 4: Be sure to list all work experience and around-the-house chores. Points are given for your involvement

Page 5: Be sure to list all activities including years involved, leadership roles, awards, etc. at **BGM High School only**. Points are given for your involvement.

Page 6: Be sure to list all activities including years involved, leadership roles, awards, etc. at **BGM High School only**. Points are given for your involvement

Page 7: Be sure to list all activities in which you were involved outside of school during your **high school years only**. These should be volunteer, unpaid activities including Scouts, 4-H, church, etc. Please include years involved, time required for projects, etc. Points are given for your involvement.

Page 8: We don't expect a book on this question. One paragraph should be enough for you to be specific and let us know what you want to do during and after college.

Page 9: How would you benefit from this scholarship? Explain what negative or positive circumstances have affected your decision to pursue further education and reach your goals and objectives. This could also include any special or extenuating circumstances you feel we should be aware of.

If more pages are needed for any section, please use an additional sheet of paper. Please mark clearly the section title for the additional sheet and staple to the application.

Good Luck on receiving a scholarship. Everyone who **applies on time** will be awarded a scholarship. Scholarship applications must be turned in to the high school office by end of the school day, or postmarked to CSF of BGM, PO Box 469, Brooklyn, IA 52211 no later than **March 31, 2010**.

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<p>College Data</p> <p>College/University for which this scholarship is requested: _____</p> <p>Name _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone Number of Registrar/Admissions Office: (_____) _____</p> <p>Anticipated Date of Graduation from College: _____</p> <p>Major Field of study planning to pursue: _____</p> <p>Other Information:</p> <p>1. Student will live... On Campus <input type="checkbox"/> Off Campus <input type="checkbox"/> Commute <input type="checkbox"/></p> <p>2. Plan to attend school full-time _____</p> <p>3. Plan to attend school part-time _____</p> <p>4. # of credits you plan to earn _____</p>	<p>Type of College:</p> <p>4 Year <input type="checkbox"/> 2 Year <input type="checkbox"/></p> <p>Public <input type="checkbox"/> Voc Tech <input type="checkbox"/></p> <p>Private <input type="checkbox"/> Other <input type="checkbox"/></p> <p>If other, please list: _____</p>
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Ethnicity:

___ American Indian/Alaska Native

___ Black/African American

___ Asian

___ Hispanic/Latino

___ White/Caucasian

___ Native Hawaiian/Pacific Islander

___ Multi-Racial

___ Other

You must attend an accredited school to receive your scholarship award. Accreditation means the school I attend is deemed eligible for federal financial aid opportunities by Department of Education standards.

For use by CSF of BGM: Accreditation Check Complete _____

Certain scholarships require specific conditions; please check the appropriate line below:

Male _____ Female _____

Do you intend to stay in Iowa after graduation?

Yes _____ No _____, I plan to move to _____

City, State/Country

Section I: 65 Points possible

Number of Years you have attended BGM Schools (K-12): _____

Section II: Grades (MUST be signed by School Official): 100 Points possible

Cumulative Grade Point: _____ THIS MUST BE FILLED IN PRIOR TO DEADLINE

Signature of BGM School Official: _____ Date: _____

Student Signoff with Initials to acknowledge official school documentation of GPA and BGM signature: Student: _____ Date: _____

Section III:
Work Experience

40 Points possible

Describe your work experience during the 4 years you spent in high school. Please give dates of employment in each job and approximate number of hours worked each week.

Employer:	Begin Date:	End Date:	Hrs per Week:	Duties:

Work required for family and not paid:
Please give description of work performed and hours spent doing it. Please indicate years spent doing this work.

Job:	Years

