

CHARLES E. SAAK EDUCATIONAL SCHOLARSHIP APPLICATION

2016/2017 SCHOLASTIC YEAR

Postmark deadline - March 27, 2016

ELIGIBILITY REQUIREMENTS

ALL APPLICANTS MUST:

- be a U.S. citizen or legal resident
- have attended high school in the Porterville/Poplar, California area
- be under the age of 21 at the beginning of the academic year
- be considered a full-time student (i.e., 12 units) at an accredited two- or four-year college or university or vocational technical school
- achieve at least a 2.5 cumulative GPA while in high school or a 2.5 term GPA while in college.

OTHER INFORMATION

Scholarships are competitive and will be awarded for one year of full-time undergraduate study or training. This scholarship is ***not*** automatically renewed. You must apply on or before **March 27, 2016**, prior to your anticipated year of study. If a student is awarded a scholarship by the committee and at any time during the award year does not meet the said requirements, the student may be dropped from the award program. Monies not paid out by the end of the scholastic year due to failure of the recipient to meet requirements will ***not*** be carried over to the next year and shall revert to the Saak Scholarship Trust.

TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES

Completeness and neatness ensure your application will be reviewed properly.

STUDENT APPLICATION

sms.scholarshipamerica.org/wellsfargotrust

FOR SCHOLARSHIP MANAGEMENT SERVICES USE ONLY

I.D. #	AA	PD	RIC/CS	GPA	SATCR	SATM	SATW	ACTC	TOTAL

APPLICANT DATA

Last Name _____ First _____ Middle Initial _____

Permanent Home Mailing Address _____ Apartment # _____

City _____ State _____ ZIP Code _____

Telephone (____) _____ Date of Birth: Month _____ Day _____ Year _____

Email Address _____

Please indicate your gender. (For statistical purposes only) Male Female

Are you a prior recipient of the Saak Scholarship? Yes _____ No _____ Are you a U.S. citizen? Yes ___ No _____

If you are a prior recipient, how many years have you received funds? _____

HIGH SCHOOL DATA

School Name _____ High School Graduation Date: Month _____ Year _____

City _____ State _____ Telephone (____) _____

POST-SECONDARY SCHOOL DATA

Name of postsecondary school you plan to attend. (If unknown, please list in order of preference the schools to which you have applied.)
Use official school names. Do not use abbreviations.

_____ City _____ State _____

_____ City _____ State _____

- 4 yr. College or University 2 yr. Community or Junior College
 Vocational-Technical School Other, explain _____

Year in school **next** year: 1 2 3 4 5 or Graduate Study

Major or course of study: _____ Expected college graduation date: Month _____ Year _____

Degree sought: Bachelor Associate Certificate Other _____

Student will: live on campus live off campus commute from home

If school choice is a public institution, applicant will pay: in-state resident tuition out-of-state tuition

Sending a resumé does not replace any part of this application. If space provided in any section is inadequate, you may continue on additional sheets. Attachments must follow the same format. DO NOT repeat information already reported on the application form. Your name, address and name of this scholarship program should be included on all attachments.

WORK EXPERIENCE

Describe your work experience during the **past four years** (e.g., food server, babysitting, lawn mowing, office work). Indicate dates of employment for each job and approximate **number of hours worked** each week.

Employer/Position	From - Mo/Yr	To - Mo/Yr	Hours per Week	Were you paid for your work?
				YES / NO
				YES / NO
				YES / NO
				YES / NO

ACTIVITIES, AWARDS AND HONORS

List all school activities in which you have participated during the **past four years** (e.g., student government, music, sports, etc.). List all community activities in which you have participated without pay during the **past four years** (e.g., Boy/Girl Scouts, hospital volunteer, Special Olympics). Note all special awards, honors and offices held. **Indicate whether high school or college activities.**

Activity	No. of Years Partic.	Special Awards, Honors	Offices Held	Activity	No. of Years Partic.	Special Awards, Honors	Offices Held

GOALS AND ASPIRATIONS

Make a brief statement or summary of your plans as they relate to your educational and career objectives and long-term goals.

UNUSUAL CIRCUMSTANCES

Please describe how and when any unusual family or personal circumstances have affected your achievement in school, work experience, or your participation in school and community activities.

OTHER SCHOLARSHIP AWARDS

Please list the name and annual amount of any grants or scholarships you have been awarded for the coming school year only.

Name of Award:	School to which award will be applied:	Amount:	Check One:
_____	_____	\$ _____	<input type="checkbox"/> Granted <input type="checkbox"/> Pending
_____	_____	\$ _____	<input type="checkbox"/> Granted <input type="checkbox"/> Pending

**ADDITIONAL
STUDENT
COMMENTS**

Please include any additional comments that you feel may assist the scholarship selection committee in making their decision.

**APPLICATION
CHECKLIST**

Postmark deadline March 27, 2016

Please retain a copy of this application for your files.

The student is responsible for submitting all materials to Scholarship Management Services on time. Incomplete applications will not be evaluated. This application becomes complete and valid only when Scholarship Management Services has received all of the following materials. Please send all materials together in one large manila envelope. Applications received with insufficient postage will be returned to the sender by the Post Office. This will delay your application. Questions may be addressed to Scholarship Management Services at (800) 537-4180.

- Student Application** (3 pages)
- Current transcript of Grades**
- Financial Statement**
(including 1st page of most recent Federal Tax Returns)
- Educational Confidential Statement**

All materials, including transcript, must be addressed to:

**Saak Scholarships
Scholarship Management Services
One Scholarship Way
Saint Peter, MN 56082**

CERTIFICATION

Scholarship Management Services and the Saak Scholarship Committee have the responsibility of evaluating applications and selecting recipients based on criteria as set forth in the program's description. Once submitted, this application becomes the property of Scholarship Management Services. All information will be forwarded to the Saak Scholarship Committee.

I acknowledge decisions are final. I certify I meet the basic eligibility requirements of the program as described in this application, and the information provided is complete and accurate to the best of my knowledge. If requested, I will provide proof of information I have given on this form, including an official transcript of grades. Falsification of information may result in termination of any award granted.

Applicant's Signature _____ Date _____

FINANCIAL STATEMENT

If you are a dependent student, please have your parent/guardian complete this section. If you are independent, information about you and your spouse (if applicable) should be provided. Adjusted gross income and total federal income tax amounts should be from the most recently filed tax return.

To be considered for an award, this section must be filled out completely.

PARENT OR GUARDIAN INFORMATION (OR SELF IF INDEPENDENT)

Last Name _____ First _____ Middle Initial _____

Work Telephone (_____) _____ Email Address _____

Relationship to Applicant _____ The applicant is my dependant for tax purposes Yes No

INSTRUCTIONS FOR COMPLETING FINANCIAL DATA SECTION

Note: You must provide proof of income if you do not file Federal Tax Returns, or if you receive benefits from SSI, unemployment, or disability.

- State of Residence** is the state where the parent(s) and/or independent applicant reside and pay state income tax.
- Adjusted Gross Income** can be found on IRS FORM 1040 and is gross income reduced or increased by specific adjustments allowed by law.
- Total Federal Tax Paid** includes the total amount of federal income tax to be paid as reported on IRS FORM 1040. This is **not** the amount withheld from employee's paychecks. (The amount withheld should be adjusted by any refund or additional taxes due.) Do not report state income tax.
- Total Income of parent(s)** should be reported individually for both parents if applicant is a dependent student, or by the applicant if independent. If applying as a dependent student, provide information for both natural parents, when possible. **If the student resides with only one parent**, financial information must be received from the parent who claims the child as a dependent for tax purposes. If a parent has remarried, the spouse's information is required if the spouse is a legal guardian of the student, or claims the student as a dependent, or the student is included in the spouse's benefit plan. **If necessary, two Financial Data sections may be submitted by the student.** A copy of the Financial Data section may be made in order for one to be completed by each parent.
- Untaxed Income and Benefits** include any other income or benefits not included in the adjusted gross income figure. Do not include untaxed contributions to retirement plans.
- Medical and Dental Expenses** include only those expenses not paid by insurance. Do not include premium payments.
- Total Cash, Checking, Savings, Cash Value of Stocks, etc.**, include liquid assets that can be used for educational expenses. Do not include IRA, 401k, or other retirement plan funds.
- Total number of family members living in the household and primarily supported by the reported income** may include: the applicant, the applicant's parents, or spouse if student is independent, other children living in the household, dependent college students living away from home, other people who live in the household and receive more than half of their support from the reported income. Independent students should only report those individual who are supported by the reported income.
- Marital Status** is the current status of the person from whom the financial information is submitted.
- Of the total number of family members on line 8, number of students attending college** includes family members attending a two- or four-year college, university, or vocational-technical school at least half-time. Include the applicant in this number. Do not include parents.

FINANCIAL DATA (REQUIRED)

You MUST attach the first page of your most recent Federal Tax Returns.

- I am a dependent student. The data below represents my parents' finances.
 I am an independent student. The data below represents my finances.

1. State of Residence	6. Medical and Dental Expenses not paid by insurance (exclude premiums) \$ _____
2. Adjusted Gross Income (FORM 1040) \$ _____	7. Total Cash, Checking, Savings, and Cash Value of Stocks (exclude retirement plan funds, IRA, 401k) \$ _____
3. Total Federal Tax Paid (FORM 1040) \$ _____ (Not the amount withheld from paychecks)	8. Total number of family members living in the household and primarily supported by the reported income ...# _____
4. Total Income of Parent (Self)..... \$ _____	9. Marital status of employee parent or guardian: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Single
Total Income of Other Parent (Spouse).....\$ _____	10. Of the total number of family members on line 8, number of students attending college at least half-time during the next school year (include applicant, exclude parents)...# _____
5. Yearly Untaxed Income and Benefits: Please indicate source – <input type="checkbox"/> Social Security <input type="checkbox"/> Child Support <input type="checkbox"/> Other \$ _____	

Comments:

Please provide us with a brief statement or any additional information and/or supplemental attachments regarding your family income, how you plan to assist your child in continuing his/her education, and if there are any special circumstances limiting your assistance with the cost of education which you believe will assist the committee in evaluating your request. Should additional space be required, please use the reverse side of this paper.

CERTIFICATION

I certify that the information provided is complete and accurate to the best of my knowledge. If requested, I agree to provide proof of information I have given on this form. Falsification of information may result in termination of any scholarship granted.

Signature _____ Date _____

EDUCATIONAL CONFIDENTIAL STATEMENT BY TEACHER/PROFESSOR

APPLICANT
APPRAISAL
(REQUIRED)

To the Applicant: This section is required and must be completed in the format provided. If incomplete, your application will not be evaluated. This statement should be completed by a teacher/professor in your major subject who is familiar with your scholastic achievements.

To the Adult Appraiser: You have been asked to provide information in support of this application. Please give immediate and serious attention to the following statements. This form is part of the applicant's application package which, once completed, should be sealed in a confidential envelope and returned to the student before the deadline of **March 27, 2016**. A letter of recommendation does not replace this section.

Student's Name _____ High School _____

The applicant's choice of a postsecondary educational program is	<input type="checkbox"/> extremely appropriate	<input type="checkbox"/> very appropriate	<input type="checkbox"/> moderately appropriate	<input type="checkbox"/> inappropriate
The applicant's achievements reflect his/her ability	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's ability to set realistic and attainable goals is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The quality of the applicant's commitment to school and/or community is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The applicant is able to seek, find, and use learning resources	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates curiosity and initiative	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates good problem-solving skills, follows through, and completes tasks	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's respect for self and others is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The applicant's capacity for leadership is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The applicant's degree of motivation for higher education is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor

Comments: Please provide the Saak Scholarship Committee with any information that would be helpful to the Committee in reviewing this application. Should additional space be required please use the reverse side of this paper.

Appraiser's Name _____ Title _____ Telephone (_____) _____

Signature _____ Organization _____ Date _____