

THE LOGAN AIRPORT SCHOLARSHIP TRUST, INC.

TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES

Completeness and neatness ensure your application will be reviewed properly.

Application postmark deadline May 20

**FOR
SCHOLARSHIP
AMERICA
USE ONLY**

| | | | | | | | | | |
|--------|----|----|--------|-----|------|------|------|------|-------|
| I.D. # | AA | PD | RIC/CS | GPA | SATV | SATM | ACTE | ACTM | TOTAL |
| | | | | | | | | | |

**APPLICANT
DATA**

Last Name _____ First _____ Middle Initial _____
 Permanent Home _____
 Mailing Address _____ Apartment # _____
 City _____ State _____ Zip Code _____
 Telephone (_____) _____ E-mail Address _____
 Social Security Number _____ Date of Birth: Month _____ Day _____ Year _____
 Please indicate your status. (For statistical purposes only) Male Female
 American Indian /Alaska Native Black/African American Multi-Racial White
 Asian Hispanic/Latino Native Hawaiian/Pacific Islander

**EMPLOYEE
DATA**

Last Name _____ First _____ Middle Initial _____
 Social Security Number _____ Work Telephone (_____) _____
 Job Title _____ E-mail Address _____
 Member Company _____ City _____ State _____
 Relationship to applicant _____
 The applicant is a dependent or spouse of employee: Yes No The applicant is the employee: Yes No

**HIGH
SCHOOL
DATA**

School Name _____ High School Graduation Date: Month _____ Year _____
 City _____ State _____ Telephone (_____) _____

**POST-
SECONDARY
SCHOOL
DATA**

Name of post-secondary 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
 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

If space provided in any section is inadequate, you may continue on additional sheets of paper using 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. List amounts earned at each job.

| Employer/Position | From - Mo/Yr | To - Mo/Yr | Hours per Week | Amount Earned |
|-------------------|--------------|------------|----------------|---------------|
| | | | | |
| | | | | |
| | | | | |

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.

FINANCIAL DATA

Instructions for this section are provided in the guidelines.

The employee of the member organization must complete this portion of the application. This data will be used to determine the award amount should the applicant be selected as a recipient. Adjusted gross income and total federal income tax amounts should be from the most recently filed tax return. **If this section is not completely filled out or if the applicant does not demonstrate financial need, the student will be considered for a merit award only.**

- | | |
|---|--|
| <p>1. State of Residence _____</p> <p>2. Adjusted Gross Income (FORM 1040) \$ _____</p> <p>3. Total Federal Tax Paid (FORM 1040) \$ _____ (Not the amount withheld from paychecks)</p> <p>4. Total Income of Father/self \$ _____</p> <p style="padding-left: 20px;">Total Income of Mother/spouse..... \$ _____</p> <p>5. Yearly Untaxed Income and Benefits: Please indicate source – <input type="checkbox"/> Social Security <input type="checkbox"/> AFDC <input type="checkbox"/> Child Support <input type="checkbox"/> Other \$ _____</p> | <p>6. Medical and Dental Expenses not paid by insurance (exclude premiums) \$ _____</p> <p>7. Total Cash, Checking, Savings, and Cash Value of Stocks (exclude retirement plan funds, IRA, 401K) \$ _____</p> <p>8. Total number of family members living in the household and primarily supported by the reported income ...# _____</p> <p>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</p> <p>10. Total number of family members attending college at least half-time during the next school year, including applicant# _____</p> |
|---|--|

OTHER 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 |

ESSAY (Required only if applying for \$2,000 scholarship.)

Please describe on a separate page how you have demonstrated personal resourcefulness and creativity in effectively coping with and overcoming particularly difficult and unusual personal circumstances.

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. The section is to be completed by a high school or college counselor or advisor, an instructor, or a work supervisor who knows you well.

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. When complete, please return to applicant. If you prefer, photocopy this section and return to applicant in a sealed envelope. A letter of recommendation does not replace this section.

| | | | | |
|--|--|---|---|--|
| The applicant's choice of a post-secondary 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 |

Comments: _____

Appraiser's Name _____ Title _____ Telephone (_____) _____
 Signature _____ Organization _____ Date _____

TRANSCRIPT INFORMATION

An official transcript of grades **must** be sent with this application. On-line transcripts and grade reports are not acceptable.

- Students currently or previously enrolled in college or vocational-technical school must** include all college or vo-tech transcripts of grades from each school attended. (Completion of this section is not necessary.)
- High school seniors and students who have completed less than one full quarter or semester** of post-secondary education **must** include a high school transcript of grades and have this section completed by the appropriate school official. **(A clear explanation of the school's grading scale must also be submitted.)**

| | | | | | | | |
|--|--|--------|------|--------|------|---------|------|
| Applicant ranks _____ in a class of _____ | Cumulative Grade Point Average | PSAT | | SAT 1 | | ACT | |
| | Weighted: _____/4.0 scale Unweighted: _____/4.0 scale | Verbal | Math | Verbal | Math | English | Math |
| | | | | | | | |

School Official's Signature _____ Date _____ Title _____ Telephone (_____) _____
 School Official's Address: Street _____ City _____ State _____ Zip _____

APPLICATION CHECKLIST

The student is responsible for submitting all materials to Scholarship America on time. Incomplete applications will not be evaluated. This application becomes complete and valid only when Scholarship America has received all of the following materials:

- Student Application with completed Applicant Appraisal
- Current Complete Transcript(s) of Grades (including grading scale)
On-line transcripts are not acceptable.

All materials, including transcript, must be addressed to:

The Logan Airport Scholarship Trust, Inc.
 Scholarship America
 One Scholarship Way, P.O. Box 297
 Saint Peter, MN 56082

Postmark deadline May 20

CERTIFICATION

Scholarship America has the sole responsibility for selecting recipients based on the criteria as set forth in the program's descriptive brochure. This application becomes the property of Scholarship America. (It is recommended that you keep a copy for your files.)

I acknowledge decisions of Scholarship America are final. I certify that I meet the basic eligibility requirements of the program as described in the brochure and 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, including a copy of my U.S. Income Tax Return. Falsification of information may result in termination of any scholarship granted.

Applicant's Signature _____ Date _____
 Employee's Signature _____ Date _____