



APPLICATION FOR SCHOLARSHIP
(TO BE COMPLETED BY APPLICANT)

Please Type or Print Clearly

Name: _____ Social Security Number: _____
(LAST) (FIRST) (MIDDLE INITIAL)

Home Address: _____ City: _____

State: _____ Zip: _____ Birthdate: _____
(MONTH) (DAY) (YEAR)

Address While in School: _____

Phone number: _____
(HOME) (WORK) (SCHOOL)

Best time to contact: _____ a.m./p.m.; Place to contact: _____ Home _____ Work _____ School

Marital status: Single/married/single parent

College/University you are currently attending (include address & phone #): _____

Do you currently, or have you ever lived in Fort Dodge? _____ If yes, when? _____

Number of hours enrolled: _____ Major: _____

Spouse – Parent – Guardian

(Closest Relation)

Name: _____ Relationship: _____

Address: _____

REFERENCES

Please identify a minimum of three people who will furnish references on your behalf. Please avoid using relatives, clergymen or close friends. We prefer references from previous teachers, school counselors, school administrators or previous employers.

NAME	POSITION	COMPANY-SCHOOL-ORGANIZATION	CITY

EDUCATIONAL HISTORY
Transcripts attached

High School:	City:	Graduated:	
Years Attended:	G.P.A.:	Class Rank:	ACT/SAT Score:
College:	City:	Graduated:	
Years Attended:	G.P.A.:	Major:	
College:	City:	Graduated:	
Years Attended:	G.P.A.:	Major:	

EMPLOYEMENT HISTORY

Dates of Employment	Employer	Type of Work	Hours/Week

ACTIVITIES

List any memberships, leadership activities, awards or achievements with clubs, organizations, honorary societies, events or extracurricular activities that you have been involved with, elected to, won or accomplished.

Specify how you would benefit from this scholarship:

I attest that I have completed this application to the best of my ability and have answered all questions accurately and honestly with the intent to provide the appropriate information requested. I authorize UnityPoint Health - Trinity Foundation to receive either verbally or in writing, information concerning my academic records.

APPLICANT'S SIGNATURE

DATE

Social Security Number: _____

Please return to: UnityPoint Health – Trinity Foundation
802 Kenyon Road
Fort Dodge, Iowa 50501
(515)574-6509

FOR UNITYPOINT HEALTH - TRINITY FOUNDATION USE ONLY

Application Completed in Entirety	_____	Scholarship Eligibility	_____
Grade Transcripts Received	_____1st _____ 2nd		_____
Personal Goals Submitted	_____		_____
Enrollment Confirmed	_____		_____
Personal References Received	_____ 1 _____ 2 _____ 3		_____
Full-time Student	_____ # of Hours		_____
Part-time Student	_____ # of Hours		_____
Scholarship Awarded	_____	Amount	_____