

Strong's Insurance Renewable Scholarship

This scholarship is \$250.00 per semester for a maximum of eight semesters. The scholarship will be awarded annually based on the following criteria.

1. Financial need. This scholarship will go to an individual that needs the funds to pursue a post-secondary education.
2. High school GPA of 2.75 or higher.
3. Must maintain a post-secondary GPA of 2.5 or greater to have the scholarship renew.
4. Must be a graduate of USD 332.
5. Please return completed scholarship application to your school counselor by April 10.

Personal Data

1. Student's Name _____
Address _____
Phone Number _____ Date of Birth _____
2. Parent(s) or Guardian(s) _____
Address _____
Phone Number _____
3. Father's Occupation _____
Mother's Occupation _____
4. Please list Assets owned by the family (Home, Farm, Auto, etc.).

Educational Background

1. High school currently attending _____
2. Previous High School, if any _____
3. Grade point average through 7 semesters _____
4. Class Rank _____ of _____

5. Composite ACT or SAT Score _____

Activities and Honors Received (Include School, Church & Community)

Employment Experience

| Employer | Employment Dates | Work Performed |
|----------|------------------|----------------|
|----------|------------------|----------------|

Financial Needs and Resources

1. Can your family afford to send you to school without outside financial assistance? Yes _____ No _____
2. Will you need to work during the academic year? Yes ___ No ___
If yes, estimate the hours per week _____
2. Are there any relatives or non-family members that will be contributing funds for your education? Yes _____ No _____ If yes, please estimate the amount of contribution. _____

Family Information

1. Number of children currently living at home. _____
3. Number of siblings currently attending post-secondary schools. _____

Educational and Career Data

1. Where do you plan to attend college or vocational school? _____

2. What degree of field of study do you plan to pursue? _____

3. What are your career goals after completing school? _____

Other Required Information

1. Please attach a transcript showing courses taken and grades received while attending High School. The transcripts must be certified by the counselor of your current high school.
2. Please include two letters of recommendation, one from a faculty member; the other must not be from a family member.
3. Please enclose a personal letter explaining the reason you are applying for, and are eligible for this scholarship.
4. The student must provide verification of attendance from their college of Choice.

Verification

We agree that all information contained in this application for scholarship is accurate to the best of our knowledge.

Signature of Parent/Guardian

Signature of Student

Date

Date

Thank you, for taking the time to complete this application. We sincerely wish you well in your chosen field of study.