



**TYPE OR PRINT ALL INFORMATION EXCEPT FOR SIGNATURES**  
 If space provided in any section proves inadequate, information may be continued on additional sheets of paper using the same format and attached to the application. Do not repeat information already reported on the application form.  
**Application postmark deadline January 17, 2006.**

**FOR SCHOLARSHIP AMERICA USE ONLY**

I.D. #	AA	PD	RIC/CS	GPA	SATV	SATM	TOTAL

**APPLICANT DATA**

**NAME:**

Last:  First:  Middle Initial:

**PERMANENT HOME MAILING ADDRESS:**

Number:  Street:  Apartment #:   
 City:  State:  Zip Code:   
 Phone:  (  )

**DATE OF BIRTH:**

Month:  Day:  Year:  Social Security Number:

**Please indicate your status (For statistical purposes only):**

- Male  
  Alaskan Native  
  American Indian  
  Asian or Pacific Islander or East Indian  
 Female  
  African American  
  Hispanic or Latino  
  White

**EMPLOYEE PARENT OR GUARDIAN INFORMATION**

Last:  First:  Middle Initial:   
 Member Company Name:   
 Address:  City:  State:   
 Work Telephone:  (  )  Social Security Number:   
 Relationship to Applicant:   
 The applicant is a dependent of the employee  Yes  No

**HIGH SCHOOL DATA**

School Name:

Graduation Date: Month  Year

City:  State:  Phone:  (  )

### POST-SECONDARY SCHOOL DATA

Name of post-secondary school you plan to attend. (If unknown, please list 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

Other, explain

Major or course of study

Anticipated date of graduation: Month  Year

### 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 appropriate number of hours worked each week. List amounts earned at each job.

Employer/Position	Dates		Hours per Week	Amount Earned
	From-Mo/Yr	To-Mo/Yr		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### ACTIVITIES, AWARDS AND HONORS

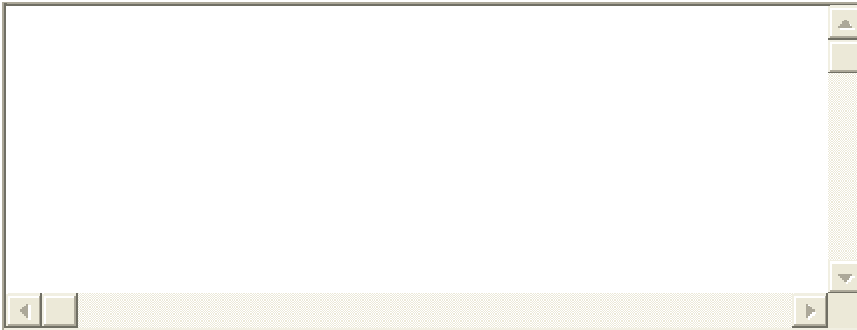
List all school activities in which you have participated during the past four years (e.g., student government, music, sports, etc.). List all community activities in which you have participated without pay during the past four years (e.g., Boy/Girl Scouts, hospital volunteer, Special Olympics). Note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

Activity	No. of Years Partic.	Special Awards, Honors	Offices Held
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>


---

### GOALS AND ASPIRATIONS

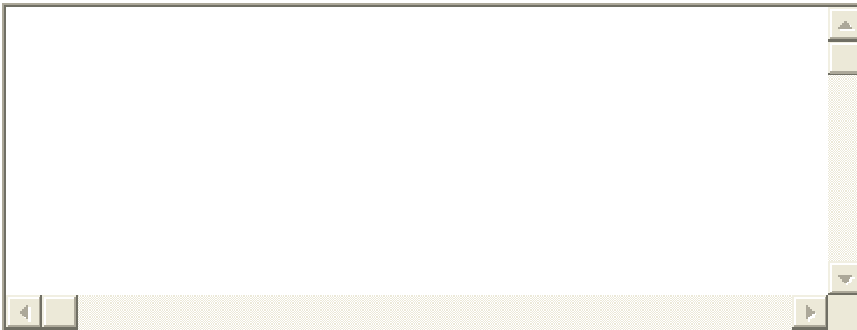
Make a statement of your plans as they relate to your educational and career objectives and long term goals.



---

### 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.



---

### APPLICANT APPRAISAL (REQUIRED)

**To be completed by a high school or college counselor or advisor, and instructor, or a work supervisor who knows you well.** 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.

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 (\_\_\_\_\_) \_\_\_\_\_ Organization \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

---

## TRANSCRIPT INFORMATION

**All applicants** must include a high school transcript of grades and have the following 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 unweighted grade point average \_\_\_\_\_/4.0 scale

Cumulative weighted grade point average \_\_\_\_\_/4.0 scale

PSAT Verbal \_\_\_\_\_ Math \_\_\_\_\_ SAT Verbal \_\_\_\_\_ Math \_\_\_\_\_ ACT English \_\_\_\_\_ Math \_\_\_\_\_

School Official's Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_

School Official's Address Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

---

## APPLICATION CHECKLIST

This application for a scholarship becomes complete and valid only when you have returned all of the following materials:

- Student Application
- Current Complete Transcript(s) of Grades (including grading scale)

**Send by postmark deadline January 17 to:**

**TRALA Scholarship Fund**  
Scholarship America  
1505 Riverview Road, P.O. Box 297  
St. Peter, MN 56082

The student is responsible for submitting all materials to Scholarship America on time.

---

## SELECTION OF RECIPIENTS

Scholarship America has the sole responsibility for selecting recipients basing the decision on criteria as set forth in the program's descriptive brochure. Decisions of Scholarship America are final.

---

## CERTIFICATION

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. If requested, I agree to give proof of information I have given on this form. Falsification of information may result in termination of any scholarship granted. This application becomes the property of Scholarship America.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_