

## Scholarship Application Form

**Please print or type**

### **Applicant Data**

Name: \_\_\_\_\_  
(Last) (First) (Middle initial)

Permanent Address: \_\_\_\_\_  
(Street, Route, Box number)

\_\_\_\_\_  
(City) (State) (Zip code)

Home Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

E-mail Address (if available): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Certain Designated Donor Scholarships may be gender specific. Therefore, please place a check mark next to your appropriate gender. Female \_\_\_ Male \_\_\_

### **Parent/Guardian Data**

Male parent/guardian name: \_\_\_\_\_

Address (if different from your own): \_\_\_\_\_  
(Street, Route, Box number)

\_\_\_\_\_  
(City) (State) (Zip code)

Female parent/guardian name: \_\_\_\_\_

Address (if different from your own): \_\_\_\_\_  
(Street, Route, Box number)

\_\_\_\_\_  
(City) (State) (Zip code)

**High School Data**

Which school system will you graduate from this spring?

\_\_\_\_\_ Pella Christian High School

\_\_\_\_\_ Pella Community High School

Circle the years you have attended this school system. FR SO JR SR

*(Remember to enclose a copy of your most recent complete high school transcript)*

**Post-secondary Institution Data**

What post-secondary institution do you plan to attend?

Post-secondary institution name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_

What is the main telephone number for this institution? (\_\_\_\_) \_\_\_\_\_

What is your intended course of study (major)? \_\_\_\_\_

When do you plan to begin your course of study? \_\_\_\_\_  
(month) (year)

**One-Year Sabbatical Program**

Do you wish, *at this time*, to apply for the Pella Dollars for Scholars One-Year Sabbatical Program? Refer to page 3 of the Program Description Sheet for details.

*NOTE: You have until July 1 to take advantage of this program.*

\_\_\_\_\_ Yes

\_\_\_\_\_ No

**Personal Data**

Describe your paid work experience during the four years you spent in high school. Please provide total months of employment for each job and the approximate number of hours worked each week.

<u>employer and work performed</u>	<u>total number of months</u>	<u>approx. hours per week</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Describe any work required for your family operated business for which you were not paid during your four years in high school. Indicate the number of years you spent doing this work.

<u>work performed</u>	<u>years</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____



## **Plans, Objectives, and Goals**

Using only the space provided below, **please print or type** a description of your educational plans and how they relate to your personal and professional goals.

## **Personal Essay**

Using only the space provided below, please **print or type** your response to the following question:

**When people evaluate who they are, they often look back at a significant event (positive or negative) in their lives that influenced them. Discuss one event in your life and how it helped determine who you are today.**

**Designated Donor Scholarships**

**\*\*\*Denotes a permanently endowed scholarship**

**(Refer to the Designated Donor Scholarships Description sheet for requirements.)**

Place a check mark next to the Designated Donor Scholarships for which you wish to be considered.

- |   |   |
|---|---|
| <input type="checkbox"/> 1. Jeffrey F. Allen, DDS Health Care                     | <input type="checkbox"/> 31. Pella Rotary Club  |
| <input type="checkbox"/> 2. ***Guy Blair Band                                     | <input type="checkbox"/> 32. Pella Wal-Mart   |
| <input type="checkbox"/> 3. Boyd and Paula Boehlje                                | <input type="checkbox"/> 33. Bill and Uella Peters  |
| <input type="checkbox"/> 4. Hy-Vee  | <input type="checkbox"/> 34. Precision Pulley and Idler, Inc. (PPI)                               |
| <input type="checkbox"/> 5. De Cook Foundation                                    | <input type="checkbox"/> 35. Schuring & Uitermarkt Accounting                                     |
| <input type="checkbox"/> 6. Iowa Telecom  | <input type="checkbox"/> 36. Subway of Pella  |
| <input type="checkbox"/> 7. ***Joan Farver Service Award                          | <input type="checkbox"/> 37. Sutphen Family   |
| <input type="checkbox"/> 8. ***Gary Dirksen Service                               | <input type="checkbox"/> 38. Emily Thies  |
| <input type="checkbox"/> 9. Mark Wiskus   | <input type="checkbox"/> 39. ***Gary Timmer   |
| <input type="checkbox"/> 10. ***Francis and Jeannette Huyser                      | <input type="checkbox"/> 40. Kyl Timmer Vocal Music   |
| <input type="checkbox"/> 11. Iowa Dermatology Health Care                         | <input type="checkbox"/> 41. Maurine Timmer Instrumental Music                                    |
| <input type="checkbox"/> 12. Pella Athletic Booster Club<br>Student Athlete Award | <input type="checkbox"/> 42. U.S. Bank  |
| <input type="checkbox"/> 13. ***David and Rhonda Kermod                           | <input type="checkbox"/> 43. Terry Vander Wert  |
| <input type="checkbox"/> 14. ***Pella Kiwanis Distinguished<br>Service Award      | <input type="checkbox"/> 44. Scott and Cindy Van Tasell Family                                    |
| <input type="checkbox"/> 15. Marlyn Klimstra Family                               | <input type="checkbox"/> 45. Zac Van Wyk Memorial   |
| <input type="checkbox"/> 16. Pella MS/HS PTO Award                                | <input type="checkbox"/> 46. Recker Dental Care   |
| <input type="checkbox"/> 17. ***The Koogler Family                                | <input type="checkbox"/> 47. Harry Vermeer Family Foundation Nursing                              |
| <input type="checkbox"/> 18. Leighton State Bank                                  | <input type="checkbox"/> 48. ***Deb Vint Memorial   |
| <input type="checkbox"/> 19. Jeff Lucas Memorial                                  | <input type="checkbox"/> 49. ***VSR Financial Services  |
| <input type="checkbox"/> 20. Marion County State Bank                             | <input type="checkbox"/> 50. Ewing Land & Development   |
| <input type="checkbox"/> 21. MidWestOne Bank                                      | <input type="checkbox"/> 51. Sandra Kuening Memorial  |
| <input type="checkbox"/> 22. MidWestOne Investment Services                       | <input type="checkbox"/> 52. Schroeder Family Scholarship   |
| <input type="checkbox"/> 23. National RP Support, Inc.                            | <input type="checkbox"/> 53. Principal Financial Group  |
| <input type="checkbox"/> 24. W. E. "Pat" Patterson                                | <input type="checkbox"/> 54. Sterling Physical Therapy Award                                      |
| <input type="checkbox"/> 25. Pella Cooperative Electric<br>Association            | <input type="checkbox"/> 55. Theisen's  |
| <input type="checkbox"/> 26. Pella Family Dentistry, P.C.                         | <input type="checkbox"/> 56. Topaz Styling Salon Award  |
| <input type="checkbox"/> 27. Pella Garden Club                                    | <input type="checkbox"/> 57. Tom Steward Memorial<br>Athletic Scholarship                         |
| <input type="checkbox"/> 28. Pella Health Care                                    | <input type="checkbox"/> 58. Vande Lune Girls' Soccer Scholarship<br>in memory of Jamie Brillhart |
| <input type="checkbox"/> 29. Pella Lions Club                                     | <input type="checkbox"/> 59. Tripp, P.C. Jurisprudence Award                                      |
| <input type="checkbox"/> 30. Pella Kiwanis  | <input type="checkbox"/> 60. Marion County Title Services Award                                   |

**Certification and Signature**

By signing this application form you agree to comply with all the Dollars for Scholars scholarship requirements as stated in the scholarship program description sheet.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail this completed application form along with a copy of your most recent complete high school transcript to: Pella Dollars for Scholars program, P.O. Box 131, Pella, IA 50219**