

Please write this ID# in **each** box on the following pages of application and remove this page before forwarding for evaluation.

I.D. #

Baxter Community Educational Scholarships



Scholarship Application

Please Print or Type

APPLICANT DATA

- Mr.
- Ms.

Last Name

First Name

Middle Initial

Social Security Number

Permanent Address:

Street

City

State

Zip

Date of Birth:

(Month, Day, Year)

Telephone Number

Name of Parent/Guardian: _____

Permanent Mailing Address of
Parent/Guardian if different from Applicant: _____

Street

City

State

Zip

Telephone Number

APPLICATION CHECKLIST

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in termination of any Scholarship granted.

Applicant's Signature

Date

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Baxter Community Educational Scholarships APPLICATION

SCHOOL DATA

High School Attended _____ Graduation Date _____

Address _____
Street City State Zip Telephone Number

Number of Years in the Baxter School District _____
4-Yr. College/University •
Community College •
Vocational/Technical •
Other •
Accredited? Yes • No • _____

Name of Post-Secondary school for which Applicant's
Scholarship is requested:

Address: _____
Street City State Zip

Year in Post-Secondary program during coming school year: Undergraduate 1 2 3 4 5 or Graduate 6

Student will: • Live on Campus • Live off Campus • Commute

Enrolled: • Less than half-time • Half-time or more • Full-time

Anticipated date of graduation from Post-Secondary program _____
Month Year

Major field of study Applicant plans to pursue _____

TRANSCRIPT INFORMATION

1. **High School seniors and students who have completed less than one full semester** of post-secondary education must include a high school transcript of grades and have the following section completed by the appropriate school official.
2. **Students currently enrolled in college or vocational/technical school** must include most recent college transcript of grades. (Completion of the following section is not necessary.)

Applicant ranks _____ in a class of _____ Cumulative Grade Point Average _____/4.0 Scale
PSAT Scores: Verbal _____ Math _____ SAT Scores: Verbal _____ Math _____
ACT Percentiles: English _____ Math _____ Attendance Record in High School _____

School Official's Signature Title Date Telephone Number

School Address: _____
Street City State Zip

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Baxter Community Educational Scholarships APPLICATION

OTHER AWARDS

Please list below the name and amount of any grants or scholarships that you have been awarded for the coming school year.

Name of Award	Amount	Granted	Pending
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PERSONAL DATA

Describe your work experience during the **past 4 years**. Indicate dates of employment in each job and approximate number of hours worked each week. List total amounts earned at each job.

POSITION	Date From (mo/yr)	Date To (mo/yr)	Hours per Week	Amount Earned

List all school activities in which you have participated during the **past 4 years** (e.g. student government, music, sports, etc.). List all community activities in which you have participated without pay during the **past 4 years** (e.g. Red Cross, church work, volunteer work). Indicate all special awards, honors.

ACTIVITY	# of Years Participated	Special Awards & Honors	ACTIVITY	# of Years Participated	Special Awards & Honors

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

Please report any unusual family or personal circumstances you feel warrant attention.

Explanation of scholarship

Sandi Markow Larson Memorial Scholarship: Sandi Markow Larson was a beloved teacher at Baxter for many years until she lost her fight to cancer. In her years at Baxter, she always believed in giving back to the students, school, and community. Sandi's family has decided to celebrate her memory by giving a scholarship to a student who has given back to the school or community through service work, projects, or personal commitment.

Explain how you have given back to the school or community through service work, projects, or personal commitment. Include why you chose to do this, and how it shows the 'spirit of giving', as you see it.

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APPLICANT APPRAISAL (Required)

To be completed by a High School or College Counselor or Advisor, an Instructor, or a Supervisor.

You have been asked to provide information in support of this application for a scholarship. Please give immediate and serious attention to the following statements. When complete, please return this form to the Applicant, or photocopy this section and return to Applicant in a sealed envelope.

The Applicant's choice of a post-secondary education program is	<input type="checkbox"/> Extremely Appropriate	<input type="checkbox"/> Very Appropriate	<input type="checkbox"/> Moderately Appropriate	<input type="checkbox"/> Inappropriate
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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
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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
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The quality of the Applicant's commitment to school and community is	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
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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
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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
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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
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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
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COMMENTS: *(Please do not use name of student on this page.)*

Appraiser's Signature	Title	Date	Telephone Number
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Appraiser's Business Address:	Street	City	State	Zip
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