

William J. and Shirley A. Maeck Family Foundation Scholarship

THE PROGRAM

The William J. and Shirley A. Maeck Family Foundation is proud to offer a \$2,500 scholarship to at least one deserving high school senior in Idaho Falls School District 91.

ELIGIBILITY

Two criteria must be met to qualify for this scholarship:

- 1) The applicant must be a senior at one of Idaho Falls School District 91's high schools. These schools are Idaho Falls High School, Skyline High School, Compass Academy and Emerson Alternative High School.
- 2) The applicant must be pursuing a higher education at one of the following Idaho universities or Idaho community colleges: Idaho State University, University of Idaho, Boise State University, College of Idaho, Lewis and Clark College, NW Nazarene, Northern Idaho College, College of Western Idaho, College of Southern Idaho or College of Eastern Idaho.

APPLICATION

To apply, students must submit the following:

- A. A completed application form with parent or guardian signature
- B. An essay about an event in Idaho history
- C. One signed Letter of Recommendation

SELECTION OF RECIPIENTS

Eligible applicants will be evaluated on the basis of information supplied. Emphasis will be placed upon student GPA (3.0-3.5 target), financial need, school involvement, community engagement, and future promise.

DUE DATE

Applications are available from all D91's high school counseling offices, from D91's college and career advisors, from D91's District Office at 690 John Adams Parkway and from the D91 Ed Foundation website. Applications are due **April 6, 2020**. They may be turned in to a high school guidance counselor or counseling office no later than the close of school on **April 6, 2020** or to the D91's District Office no later than 4:30 pm on **April 6, 2020**.

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APPLICATION INSTRUCTIONS AND CHECKLIST:

Dear Student,

Thank you for your interest in the William J. and Shirley A. Maeck Family Foundation Scholarship. We are delighted you are applying. Obtaining an education is essential to being successful and making a difference in your own life and in the lives of others. We commend you for your determination to continue your education and the academic achievement you have already attained.

Please be thorough in completing this application. You are responsible for making sure all the forms are filled out properly and submitted on time. Use the checklist below to help you complete the application. **The application deadline is April 6, 2020.**

The William J. and Shirley A. Maeck Family Foundation

General Application Instructions: Fill out the application completely. Please type or complete in ink. Answer all questions thoroughly and thoughtfully.

- My school counselor has verified my GPA and initialed on the appropriate line.
- All forms are signed as needed by both student and parent or guardian.
- I have included one letter of recommendation from a teacher, counselor, coach, ecclesiastical leader, or other influential adult.
- I have reviewed my application with a parent, teacher, counselor, or other informed adult.
- I have proofread this application.
- I have typed or printed my name and the date application was signed at the bottom of each page of this application.

Incomplete applications will not be considered.

DUE April 6.

PLEASE NOTE: If you are selected, the scholarship must be used within four (4) years of the award. If it is not used within four (4) years of the award date, the scholarship will be forfeited.

The Scholarship Committee reserves the right to disqualify applicants who are found to have been dishonest or to have misrepresented themselves.

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APPLICATION

GENERAL INFORMATION (please type or print)			
Name: _____			
Last	First	Middle	
Address: _____			
Street	City	State	Zip
Telephone (Home) _____		(Other) _____	
Parent or Guardian Name _____			Daytime Phone _____
Student e-mail _____			Student Date of Birth _____
School _____	GPA _____	Counselor Verification/Initials _____	
Which District 91 School did you attend? _____			

OTHER SCHOLARSHIPS AND GRANTS (please type or print)			
Have you applied for other scholarships or grants? If so please list below the name, amount, and status of any grants or scholarships that have been granted or are still pending for your educational expenses. (Attach additional sheets if necessary.)			
Name of Scholarship or Grant	\$ Amount	Granted	Pending

SIGNATURES. By signing this application I am stating that all information is truthful and accurate.*	
_____ Student Signature	_____ Date
By signing this application I indicate that I have reviewed the information on my child's application and have found it to be truthful and accurate.* I hereby give my consent for my child to be considered for this scholarship.	
_____ Parent/Guardian Signature	_____ Date
* PLEASE NOTE: The Scholarship Committee reserves the right to disqualify any applicant. Applicants who are awarded a scholarship must use the scholarship within four (4) years from the award date. If it is not used within four (4) years of the award date, the scholarship will be forfeited.	

PARENT/GUARDIAN INFORMATION

Student Name: _____ Date Signed: _____

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FINANCIAL INFORMATION (please type or print)

Please list Annual Income for both parents (adjusted gross income from last year's tax form). Estimates are sufficient.

Mother	\$
Father	\$

How many family members (including parents) received at least 50% of their support from this income last year?

After taking into account home and household expenses as well as other financial and legal obligations, how much will the parents be able to contribute toward the applicant's educational expenses in the coming school year?

How many college students, including the applicant, will your parents be supporting in the coming school year?

Please explain any extraordinary or extenuating circumstances (family, medical, or other financial aid-related issue, etc.) that will impact your parents' ability to contribute financially to your education goals in the coming year.

PARENT or GUARDIAN SIGNATURE. By signing this application you are stating that all information is truthful and accurate.*

Parent or Guardian e-mail (1)

Parent or Guardian e-mail (2)

Daytime Phone (1)

Daytime Phone (2)

Print or Type Parent or Guardian Name

Signature

Date Signed

*The Scholarship Committee reserves the right to disqualify any applicant.

Student Name: _____ Date Signed: _____

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FUTURE EDUCATION PLANS

What Idaho post-secondary institutions are you considering?

Fields of Study that Interest you (rank your top 5 choices):

_____ Aviation/Pilot	_____ Biology	_____ Business/Pre-MBA	_____ Chemistry
_____ Communications	_____ Computers/Technology	_____ Economics	_____ Education
_____ Engineering	_____ English/Humanities	_____ Fine Arts/Music	_____ Graphic Arts
_____ Language Arts	_____ Mathematics	_____ Military Science (ROTC)	_____ Other Social Science
_____ Physics	_____ Political Science	_____ Pre-Law	_____ Pre-Medical/Dental/Nursing
_____ Psychology			
Other _____			

PERSONAL INFORMATION AND EXPERIENCES

Please list your leadership experiences, school activities, outside activities, work experience, community service, etc. Include any other ways you contribute to your school, home, church, and community.

Student Name: _____ Date Signed: _____

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ADULT LETTER OF RECOMMENDATION

Please assess the applicant's character and strengths and how well the applicant is prepared to pursue his/her post-secondary education plans. We are interested in the applicant's potential for making positive contributions, intellectual promise, motivation, relative level of maturity, leadership potential, capacity for growth, special talents, etc. This information will be used to differentiate the student from others applying for this award. (You may attach a separate, typed sheet if desired, be sure to sign and date. Please complete the signature box on this page below.)

Position/Title/Organization: _____

Daytime Phone: _____

Print Name: _____

Relationship to Applicant: _____

Signature: _____

Date: _____

Student Name: _____

Date Signed: _____