

INSTRUCTIONS FOR COMPLETING THE FINANCIAL DATA SECTION OF THE APPLICATION

The Financial Data section of the application should be completed by the parent or guardian. Information should be from a completed tax return or based on estimated information to be filed with the IRS.

1. **State of Residence** is the state where the parents reside and pay state income tax.
2. **Adjusted Gross Income** can be found on IRS FORM 1040 and is gross income reduced by specific adjustments allowed by law.
3. **Total Federal Tax Paid** includes the total amount of **federal** income tax to be paid as reported on IRS FORM 1040. This is **not** the amount withheld from employee's paychecks. (The amount withheld should be adjusted by any refund or additional taxes due.) Do **not** report state income tax.
4. **Total Income** of parent(s) should be reported individually. Provide information for both natural parents, when possible. **If the student resides with only one parent**, financial information **must** be received from the parent who claims the child as a dependent for tax purposes. If a parent has remarried, the spouse's information is required if the spouse is a legal guardian of the student, or claims the student as a dependent, or the student is included in the spouse's benefit plan. **If necessary, two Financial Data sections may be submitted by the student.** A copy of the Financial Data section may be made in order for one to be completed by each parent.
5. **Untaxed Income and Benefits** include any other income or benefits not included in the adjusted gross income figure. Do not include untaxed contributions to retirement plans.
6. **Medical and Dental Expenses** include only those expenses not paid by insurance. Do not include premium payments.
7. **Total Cash, Checking, Savings, Cash Value of Stocks, etc.,** include liquid assets that can be used for educational expenses. **Do not include** IRA, 401k, or other retirement plan funds.
8. **Total number of family members** living in the household and primarily supported by the reported income may include the applicant, the applicant's parents, other children living in the household, dependent college students living away from home and other people who live in the household and receive more than half of their support from the reported income.
9. **Marital Status** is the current status of the person from whom the financial information is submitted.
10. **Of the total number of family members on line 8, number of students attending college** includes family members attending a two- or four-year college, university, or vocational-technical school at least half-time. Include the applicant in this number. Do not include parents.

NOTE: Any exceptions to providing financial information as instructed above must be submitted to Scholarship America in writing.

Linda Prairie Memorial Scholarship Program

for
elementary education
students at
Southwest Minnesota
State University
Marshall, Minnesota



The Linda Prairie Memorial Scholarship Fund was established by her husband Steve and children, Erica and Douglas, in memory of Linda's loving and giving spirit. Linda Prairie had a passion for helping young people better their lives. She demonstrated this passion in her career as a teacher as well as in her volunteer work with youth in the Balaton area. In regard to the fund, Linda's husband commented, "With the scholarship fund, Linda's spirit can still help young people better their lives." It is hoped the scholarships will carry on Linda's important work in helping young people achieve success.

Linda earned a bachelor's degree in elementary education at Southwest State University in Marshall, Minnesota and later served two years as a teacher in Motley and five years in the Balaton and Murray County Central schools until her life was taken unexpectedly in a tragic automobile accident in October 1996. Linda also served several years as a substitute teacher.

Linda was very active in the Balaton community as a Sunday School teacher and superintendent, Boy Scout leader, librarian, and seamstress. Even though much of Linda's time was involved with the youth in her community, she still found time to help her husband on their farm.

The Linda Prairie Memorial Scholarship Fund will assist students attending Southwest Minnesota State University in Marshall, MN, who are majoring in elementary education.

This scholarship program is administered by Scholarship America®. Scholarship America is the nation's largest designer and manager of scholarship and tuition reimbursement programs for corporations, foundations, associations and individuals. Awards are granted without regard to race, color, creed, religion, sexual orientation, age, gender, disability or national origin.

ELIGIBILITY

Applicants to the Linda Prairie Memorial Scholarship Program must be current college sophomores or juniors enrolled full-time at Southwest Minnesota State University in Marshall, MN for the entire upcoming academic year and majoring in elementary education.

AWARDS

One \$1,500 scholarship will be awarded for the 2018-2019 academic year. Awards may be renewed for one year or until a bachelor's degree is earned, whichever occurs first. Renewal is contingent upon satisfactory academic performance in a full-time course of study in elementary education.

Awards are for undergraduate study only.

APPLICATION

Interested students must complete the enclosed application and mail it along with a current, complete transcript of grades to Scholarship America postmarked no later than **April 1**. Grade reports are not acceptable. Unofficial transcripts must display student name, school name, grade and credit hours earned for each course, and term in which each course was taken.

Applicants are responsible for gathering and submitting all necessary information. Applications are evaluated on the information supplied; therefore, answer all questions as completely as possible. All information received is considered confidential and is reviewed only by Scholarship America.

SELECTION OF RECIPIENTS

Scholarship recipients are selected by Scholarship America on the basis of academic record, demonstrated leadership and participation in school and community activities, honors, work experience, statement of goals and aspirations, unusual personal or

family circumstances, and an outside appraisal. Financial need will be considered.

Instructions for completing the Financial Data section of the application are found on the reverse side of this brochure.

Scholarship America will notify all applicants in writing by mid-May. Not all applicants to the program will be selected as recipients.

PAYMENT OF SCHOLARSHIPS

Scholarship America processes Linda Prairie Memorial Scholarship payments. Payment is made in one installment on August 1. Checks are mailed to each recipient's home address and are made payable to the school for the student.

OBLIGATIONS

Recipients are under no obligation except to notify Scholarship America of any changes in address, school enrollment, or other relevant information and to send a complete transcript when requested.

REVISIONS

The Prairie family reserves the right to review the conditions and procedures of this scholarship program and to make changes at any time including termination of the program.

ADDITIONAL INFORMATION

Questions regarding the scholarship program should be addressed to:

Linda Prairie Memorial Scholarship Program

Scholarship America
One Scholarship Way
Saint Peter, MN 56082

Telephone: (507) 931-1682

Linda Prairie Memorial Scholarship Program

TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES
 Completeness and neatness ensure your application will be reviewed properly.

Application postmark deadline April 1

FOR SCHOLARSHIP AMERICA USE ONLY

I.D. #	AA	PD	GPA	TOTAL

APPLICANT DATA

Last Name _____ First _____ Middle Initial _____
 Permanent Home Mailing Address _____ Apartment # _____
 City _____ State _____ ZIP Code _____
 Telephone (_____) _____ Date of Birth: Month _____ Day _____ Year _____
 Email Address **(Required for notification)** _____

Please indicate your status. (For statistical purposes only) Male Female
 American Indian/Alaska Native Black/African American Multi-Racial White
 Asian Hispanic/Latino Native Hawaiian/Pacific Islander

PARENT OR GUARDIAN INFORMATION

Last Name _____ First _____ Middle Initial _____
 Address _____
 Relationship to Applicant _____ Day Telephone (_____) _____

HIGH SCHOOL DATA

School Name _____ High School Graduation Date: Month _____ Year _____
 City _____ State _____ Telephone (_____) _____

POST-SECONDARY SCHOOL DATA

Applicant is enrolled full-time at Southwest Minnesota State University in Marshall, MN? Yes No
 Year in school **next** year: 2 3 4 Other, explain _____
 Major or course of study: _____ Expected college graduation date: Month _____ Year _____
 Degree sought: Bachelor Other _____
 Student will: live on campus live off campus commute from home
 Applicant will pay: in-state resident tuition out-of-state tuition

Sending a resumé does not replace any part of this application. If space provided in any section is inadequate, you may continue on additional sheets. Attachments must follow the same format. DO NOT repeat information already reported on the application form. Your name, address and name of this scholarship program should be included on all attachments.

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 approximate **number of hours worked** each week.

Employer/Position	From - Mo/Yr	To - Mo/Yr	Hours per Week	Were you paid for your work?
				YES / NO
				YES / NO
				YES / NO
				YES / NO
				YES / NO

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. **Indicate whether high school or college activities.**

Activity	No. of Years Partic.	Special Awards, Honors	Offices Held	Activity	No. of Years Partic.	Special Awards, Honors	Offices Held

GOALS AND ASPIRATIONS

Make a brief statement or summary 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.

PARENTS' FINANCIAL DATA (REQUIRED)

Instructions for this section are provided in the brochure.

The applicant's parents or guardians must complete this portion of the application. Adjusted gross income and total federal income tax amounts should be from parents' most recently filed tax return. **To be considered for an award, this section must be filled out completely.**

- 1. State of Residence _____
- 2. Adjusted Gross Income (FORM 1040) \$ _____
- 3. Total Federal Tax Paid (FORM 1040) \$ _____
(Not the amount withheld from paychecks)
- 4. Total Income of Father \$ _____
Total Income of Mother \$ _____
- 5. Yearly Untaxed Income and Benefits:
Please indicate source –
 Social Security Child Support
 Other \$ _____
- 6. Medical and Dental Expenses not paid by insurance (exclude premiums) \$ _____
- 7. Total Cash, Checking, Savings, and Cash Value of Stocks (exclude retirement plan funds, IRA, 401k) \$ _____
- 8. Total number of family members living in the household and primarily supported by the reported income ...# _____
- 9. Marital status of parent or guardian:
 Married Divorced Separated Widowed Single
- 10. Of the total number of family members on line 8, number of students attending college at least half-time during the next school year (include applicant, exclude parents) ...# _____

OTHER AWARDS

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

Name of Award:	School to which award will be applied:	Amount:	Check One:
_____	_____	\$ _____	<input type="checkbox"/> Granted <input type="checkbox"/> Pending
_____	_____	\$ _____	<input type="checkbox"/> Granted <input type="checkbox"/> Pending

APPLICANT APPRAISAL (REQUIRED)

To the Applicant: This section is required and must be completed in the format provided. If incomplete, your application will not be evaluated. The section is to be completed by a college counselor or advisor, an instructor, or a work supervisor who knows you well.

To the Adult Appraiser: *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. A letter of recommendation does not replace this section.*

The applicant's choice of a postsecondary 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 (_____) _____
 Signature _____ Organization _____ Date _____

TRANSCRIPT INFORMATION

A complete transcript of grades **must** be sent with this application. Grade reports are not acceptable. Unofficial transcripts must display student name, school name, grade and credit hours earned for each course, and term in which each course was taken.

If you have attended more than one college, you **must** include all college or vo-tech transcripts of grades from each school attended.

APPLICATION CHECKLIST

The student is responsible for submitting all materials to Scholarship America on time. Incomplete applications will not be evaluated. This application becomes complete and valid only when all of the following materials have been received:

- Student Application with completed Applicant Appraisal
- Current Complete Transcript(s) of Grades

All materials, including transcript, must be addressed to:

Linda Prairie Memorial Scholarship Program
 Scholarship America
 One Scholarship Way
 Saint Peter, MN 56082

Postmark deadline April 1

CERTIFICATION

Scholarship America has the sole responsibility for selecting recipients based on criteria as set forth in the program's description. This application becomes the property of Scholarship America. (It is recommended you keep a copy for your files.)

I acknowledge decisions are final. I certify I meet eligibility requirements of the program as described in the guidelines and the information provided is complete and accurate to the best of my knowledge. If requested, I will provide proof of information, including an official transcript of grades and a copy of my U.S. Income Tax Return. Falsification of information may result in termination of any award granted.

Applicant's Signature _____ Date _____

Parent's Signature _____ Date _____