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 unearned 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 Management
Services in writing.
The Linda Prairie Memorial Scholarship Fund was established by her husband Steve and children, Erica and Dougles, 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 Management Services®, a division of Scholarship America®. Scholarship Management Services 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 enrolled full-time at Southwest Minnesota State University in Marshall, MN and majoring in elementary education.

AWARDS
One $1,500 scholarship will be awarded for the 2016-2017 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 Management Services 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 Management Services.

SELECTION OF RECIPIENTS
Scholarship recipients are selected by Scholarship Management Services 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 Management Services will notify all applicants in writing by mid-May. Not all applicants to the program will be selected as recipients.

PAYMENT OF SCHOLARSHIPS
Scholarship Management Services 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 Management Services 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 Management Services
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 MANAGEMENT SERVICES USE ONLY

<table>
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<tr>
<th>I.D. #</th>
<th>AA</th>
<th>PD</th>
<th>GPA</th>
<th>TOTAL</th>
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APPLICANT DATA

Last Name ____________________________ First __________________ Middle Initial _________
Permanent Home ____________________________ Apartment # __________
Mailing Address ____________________________________________
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: □ 3 □ 4 □ 5 □ 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 résumé 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.

<table>
<thead>
<tr>
<th>Employer/Position</th>
<th>From - Mo/Yr</th>
<th>To - Mo/Yr</th>
<th>Hours per Week</th>
<th>Were you paid for your work?</th>
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LPRAIRI FAQ PDF 1/14

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### 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.**

<table>
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<tr>
<th>Activity</th>
<th>No. of Years Peric.</th>
<th>Special Awards, Honors</th>
<th>Offices Held</th>
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### 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.

- 
- 
- 
- 
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- 

### 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.

- 
- 
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### 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 ____________________________ 6. Medical and Dental Expenses not paid by insurance (exclude premiums) ____________________ $ __________
2. Adjusted Gross Income (FORM 1040) ____________________ $ __________
3. Total Federal Tax Paid (FORM 1040) ____________________ $ __________
   (Not the amount withheld from paychecks)
4. Total Income of Father ____________________ $ __________
5. Yearly Untaxed Income and Benefits:
   - Social Security [ ]
   - Child Support [ ]
   - Other ____________________ $ __________
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.

<table>
<thead>
<tr>
<th>Name of Award:</th>
<th>School to which award will be applied:</th>
<th>Amount:</th>
<th>Check One:</th>
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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

☐ extremely appropriate  ☐ very appropriate  ☐ moderately appropriate  ☐ inappropriate

The applicant’s achievements reflect his/her ability

☐ extremely well  ☐ very well  ☐ moderately well  ☐ not well

The applicant’s ability to set realistic and attainable goals is

☐ excellent  ☐ good  ☐ fair  ☐ poor

The quality of the applicant’s commitment to school and/or community is

☐ excellent  ☐ good  ☐ fair  ☐ poor

The applicant is able to seek, find, and use learning resources

☐ extremely well  ☐ very well  ☐ moderately well  ☐ not well

The applicant demonstrates curiosity and initiative

☐ extremely well  ☐ very well  ☐ moderately well  ☐ not well

The applicant demonstrates good problem-solving skills, follows through, and completes tasks

☐ extremely well  ☐ very well  ☐ moderately well  ☐ not well

The applicant’s respect for self and others is

☐ excellent  ☐ good  ☐ fair  ☐ 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 Management Services 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  All materials, including transcript, must be addressed to:

☐ Current Complete Transcript(s) of Grades  Linda Prairie Memorial Scholarship Program

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

Postmark deadline April 1

CERTIFICATION

Scholarship Management Services 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 Management Services. (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 ___________________________