

**\$1,000.00 SCHOLARSHIP APPLICATION 2016
FOR TRINITY MUSCATINE FRIENDS
VOLUNTEER FAMILY MEMBERS**

This scholarship is being offered to children or dependents, grandchildren, stepchildren and step grandchildren of Trinity Muscatine Friends Volunteers. The applicant must be a 2016 graduating high school senior residing in the Trinity Health Care Service Area which includes: Atalissa, Bennett, Columbus Junction, Conesville, Durant, Fruitland, Grandview, Illinois City, Letts, Moscow, Muscatine, New Boston, Nichols, Stockton, Tipton, Wapello, West Liberty and Wilton. Zip codes include: 52653, 52720, 52721, 52738, 52739, 52747, 52749, 52752, 52754, 52760, 52761, 52766, 52769, 52772, 52776, 52778, 61259 and 61272. This scholarship is open to all fields of study. If necessary, interviews of the finalists will be arranged at the convenience of the scholarship committee and finalists. If a scholarship is awarded, a check will be paid directly to your educational institution, and will apply only to the second semester expenses of your 2015-2016 school year.

Please answer the following questions on a separate sheet of paper. Do not include copies of other application forms.

1. List any honor or accelerated classes you have taken, and any academic honors you have received.
2. List your volunteer activities in the community or school including any leadership roles you held. Include the number of years for each activity. (Example: Key Club 3 years, President 1 year.)
3. List extracurricular programs you participated in, leadership roles or offices you held, or awards you received. Include the number of years for each activity (Example: Swimming 4 years, Captain 1 year. FFA 2 years, President 1 year.)
4. Please list the name and relationship of your family member who is a Trinity Muscatine Friends volunteer. How has this person influenced your life?
5. List your work experiences, either paid or unpaid, since your freshman year in high school. List number of years for each.
6. Name and address of the educational institution you are planning to attend and your major field of study.
7. Please explain in one or two paragraphs your career goals and why you feel you qualify for a scholarship. Include any factors not mentioned on this application that you would like considered by the selection committee.
8. Please explain any unusual expenses/circumstances you have or you anticipate for the upcoming year.
- 9.

ALL APPLICATIONS MUST BE POSTMARKED NO LATER THAN APRIL 1, 2016 AND RETURNED TO:

**Trinity Muscatine Friends
Scholarship Chairman
1518 Mulberry Avenue
Muscatine, Iowa 52761**

NO LATE OR INCOMPLETE APPLICATIONS WILL BE ACCEPTED

Include with your application:

- a. **Copy of your acceptance letter from the educational institution you will be attending**
- b. **Copy of your high school transcript and ACT score**
- c. **Two signed letters of reference: An academic reference (teacher or counselor) and a personal reference (other than family or classmate) Letters of reference must accompany the application.**

**\$1,000.00 SCHOLARSHIP APPLICATION
FOR TRINITY MUSCATINE FRIENDS VOLUNTEER FAMILY MEMBERS**

NAME: _____

AGE: _____

HOME ADDRESS: _____

PHONE: _____

PARENTS/LEGAL GUARDIAN:

ADDRESS (if different):

Name of the Family Member who is a Trinity Muscatine Friends volunteer:

Name _____

Relationship _____