

# Trinity Foundation

## ENDOWED SCHOLARSHIP APPLICATION



Dear Applicant,

The process to apply for a Trinity Foundation scholarship is identified below. This process gives all applicants an equal opportunity in becoming a recipient of a Trinity Foundation scholarship. It also ensures the Trinity Foundation Board of Directors receives similar information from all applicants during the selection period.

- 1** All applicants must complete the application **in full** and deliver or mail the application to Trinity Foundation, 804 Kenyon Road, Suite A, Fort Dodge, IA 50501. Applications must be **received** (not postmarked) **on or before 3:00 p.m. March 15th**. Incomplete or late applications will not be considered by the review committee.
- 2** All applicants must submit an **official transcript**, whether high school or college.
- 3** Applicants must submit a minimum of **three** references, as described in the application. Applicants are responsible for distribution of the reference forms that are due to Trinity Foundation on the date specified above.
- 4** Applicants must complete a personal goals statement and submit that information by the date described.

**Applicants who fail to follow the process as outlined, are ineligible for a scholarship award.**

Trinity Foundation Scholarship Committee will prioritize all applicants based upon academic merit, leadership, career objectives, and personal references. Trinity Foundation Board of Directors will then select the scholarship recipients. Scholarship recipients are notified by mail in June of each year.

Scholarship awards are applied to both the first and second semester tuition expenses for the academic year. For example, a \$1,000 scholarship would be administered in this fashion; \$500 awarded for the first semester in the fall and \$500 awarded for the second semester **upon receipt of first semester's grade report**. Scholarship funds are paid directly to the college or university. Copies of grade transcripts must be sent, at the student's request, to Trinity Foundation at the time of the initial application and before the second semester. Receipt of transcripts by Trinity Foundation is an absolute prerequisite before the release of funds.

If you have any questions about the application process, please feel free to contact Trinity Foundation at (515) 574-6509 between 8:00 a.m. and 4:30 p.m., Monday through Friday.

Thank you.

**PLEASE TYPE OR PRINT CLEARLY**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
(format: mm/dd/yyyy)

Address While in School: \_\_\_\_\_

Phone number: \_\_\_\_\_  
(HOME) (WORK) (SCHOOL)

Best time to contact: \_\_\_\_\_  a.m.  p.m. Place to contact:  Home  Work  School

Marital status:  Single  Married  Single parent

College/University you are currently attending (include address & phone #): \_\_\_\_\_

Do you currently, or have you ever lived in Fort Dodge?  Yes  No If yes, when? \_\_\_\_\_

Number of hours enrolled: \_\_\_\_\_ Major: \_\_\_\_\_

**SPOUSE – PARENT – GUARDIAN** (Closest Relation)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

**REFERENCES**

Please identify a minimum of three people who will furnish references on your behalf. Please avoid using relatives, clergymen, or close friends. We prefer references from previous teachers, school counselors, school administrators or previous employers.

Name	Position	Company/School/Organization	City





Specify how you would benefit from this scholarship:

I attest that I have completed this application to the best of my ability and have answered all questions accurately and honestly with the intent to provide the appropriate information requested. I authorize UnityPoint Health - Trinity Foundation to receive either verbally or in writing, information concerning my academic records.

\_\_\_\_\_

APPLICANT'S SIGNATURE
DATE

Social Security Number: \_\_\_\_\_

Please return to: UnityPoint Health - Trinity Foundation  
 802 Kenyon Road, Suite A  
 Fort Dodge, IA 50501  
 (515) 574-6509

FOR UNITYPOINT HEALTH - FORT DODGE USE ONLY			
Application completed in Entirety	_____	Scholarship Eligibility	_____
Grade Transcripts Received	_____ (1st) _____ (2nd)		_____
Personal Goals Submitted	_____		_____
Enrollment Confirmed	_____		_____
Personal References Received	_____ 1 _____ 2 _____ 3		_____
Full-time Student	_____	# of Hours	_____
Part-time Student	_____	# of Hours	_____
Scholarship Awarded	_____		Amount _____



Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

**Note to writer:** Scholarships are awarded based on academic merit and financial need as well as qualities of good citizenship and high moral value. For this reason, Trinity Foundation especially needs your aid in evaluating the applicant. We shall be grateful for the assistance you will be giving the applicant and us.

Statement concerning the applicant’s general ability, personality, and character:

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Signature

\_\_\_\_\_  
Title, Position, Occupation

\_\_\_\_\_  
Employer’s Name & Address

\_\_\_\_\_

Please return to:  
Trinity Foundation  
802 Kenyon Road, Suite A  
Fort Dodge, IA 50501  
Due March 15, annually

**Note: Three references are required.**

What are your current educational goals?

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What are your career goals (include both short-term and long-term goals)?

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Where do you plan to practice your field of work?

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Please state your personal reasons or feelings regarding why you are pursuing this field as a career.

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