

ProGrowth Scholarship Program

TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES

Completeness and neatness ensure your application will be reviewed properly.

Application postmark deadline **April 10**

FOR CSFA USE ONLY	I.D. #	AA	PD	RIC/CS	GPA	SATV	SATM	ACTE	ACTM	TOTAL

APPLICANT DATA

Last Name _____ First _____ Middle Initial _____

Permanent Home _____

Mailing Address _____ Apartment # _____

City _____ State _____ Zip Code _____

Telephone (_____) _____ E-mail Address _____

Social Security Number _____ Date of Birth: Month _____ Day _____ Year _____

Please indicate your status. (For statistical purposes only) Male Female

American Indian /Alaska Native Black/African American Native Hawaiian/Pacific Islander

Asian Hispanic/Latino White

PARENT OR GUARDIAN INFORMATION

Last Name _____ First _____ Middle Initial _____

Address _____

Relationship to Applicant _____ Day Telephone (_____) _____

E-mail Address _____ Fax Number (_____) _____

HIGH SCHOOL DATA

School Name _____ Graduation Date: Month _____ Year _____

City _____ State _____ Telephone (_____) _____

POST-SECONDARY SCHOOL DATA

Name of post-secondary school you plan to attend. (If unknown, please list in order of preference the schools to which you have applied.)
Use official school names. Do not use abbreviations.

_____ City _____ State _____

_____ City _____ State _____

4 yr. College or University 2 yr. Community or Junior College

Vocational-Technical School Other, explain _____

Year in school **next** year: 1 Other, explain _____

Major or course of study _____ When do you expect to graduate? Month _____ Year _____

Degree sought: Bachelor's Associate Certificate Other _____

If space provided in any section is inadequate, you may continue on additional sheets of paper using 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. List amounts earned at each job.

Employer/Position	From - Mo/Yr	To - Mo/Yr	Hours per week	Amount Earned

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.

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.

APPLICANT APPRAISAL (REQUIRED)

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 high school counselor or advisor, an instructor, or a work supervisor who knows you well.

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 post-secondary 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

An official transcript of grades must be sent with this application. On-line transcripts and grade reports are not acceptable.

All applicants **must** include a high school transcript of grades and have the following section completed by the appropriate school official. **(A clear explanation of the high school's grading scale must also be submitted.)**

Applicant ranks _____ in a class of _____	Cumulative Grade Point Average		PSAT		SAT 1		ACT	
	Weighted: _____/4.0 scale		Verbal	Math	Verbal	Math	English	Math
	Unweighted: _____/4.0 scale							

School Official's Signature _____ Date _____ Title _____ Telephone (_____) _____

School Official's Address: Street _____ City _____ State _____ Zip _____

APPLICATION CHECKLIST

The student is responsible for submitting all materials to CSFA on time. This application for a scholarship becomes complete and valid only when CSFA has received all of the following materials:

- Student Application
- Current Complete Transcript(s) of Grades (including grading scale)
On-line transcripts are not acceptable.

All materials, including transcript, must be addressed to:

ProGrowth Scholarship Program
Scholarship Management Services, CSFA
1505 Riverview Road, P.O. Box 297
St. Peter, MN 56082

Postmark deadline April 10

CERTIFICATION

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

I acknowledge decisions of CSFA are final. I certify that I meet the basic eligibility requirements of the program as described and that the information provided is complete and accurate to the best of my knowledge. If requested, I agree to provide proof of information I have given on this form. Falsification of information may result in termination of any scholarship granted.

Applicant's Signature _____ Date _____

Parent's Signature _____ Date _____