



BOBBY BOENEKE QUALITY FIRST SCHOLARSHIP APPLICATION

Section 1: Candidate Section

Full Legal Name: _____ Date of Birth: _____

Mailing Address: _____ Phone Number: _____

Email Address: _____ Current GPA: _____ (out of 4.0 scale)

School Currently Attending: _____ Grade Level: _____

Yearly Household Income:

- < \$30,000
- \$30,000 - \$50,000
- \$50,000 - \$70,000
- \$70,000 - \$90,000
- > \$90,000

Degree Seeking:

- Associates (2-year college)
- Bachelors (4-year college)
- Vocational School

Are you the first person in your household to attend college? Yes No

What university/college/vocational school will you be attending?: _____

Why did you choose that school? _____

List Community Service and/or Volunteer Work:

List Extracurricular Activities and Honors/Awards (Sports, Student Organizations, etc.)

Short Essay (250-500 words) What does "Quality First" mean to you and how do you apply it to your life?:

Have you applied for any other scholarship at this point in time? Yes No

Have you been awarded any other scholarships at this point in time? Yes No

If yes, please list scholarships:

Attach to Application:

1. Short Essay
2. Resume (optional)
3. Letter of reference from one teacher or professor
4. High school or college transcript
5. Acceptance letter from school

STATEMENT OF ACCURACY FOR STUDENTS

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that if chosen as a scholarship winner my picture may be taken and used to promote the Quality First Scholarship Program. Winner may waive photo due to unusual or compelling circumstances.

I hereby understand that if chosen as a scholarship winner, according to Quality First Scholarship policy, it is my responsibility to remit to the Human Resources Department appropriate information for my scholarship to be paid directly to my educational institution.

I hereby understand I will not submit this application without all required attachments and supporting information. Incomplete applications or applications that do not meet eligibility criteria will not be considered for this scholarship.

Student/Candidate Signature

Date

Section 2: Employee Information

Employee Name: _____ Job Title: _____ Hire Date: _____

Please check the box below that indicates your eligibility for the scholarship benefit based on your service.

- I have been employed full-time continuously for one (1) years prior to my child's matriculation.
- I have 12 months of prior full-time continuous or non-continuous service.
- I certify the applicant is my dependent.

By signing below, I certify the information above is true and for the time period in which my dependent receives this scholarship award I will notify the Human Resource Department of any changes that may occur with my employment status, or that of my dependents' scholarship/grant funding that would impact eligibility of the quality first scholarship. I also certify that all itemized tuition bills submitted for calculation of the quality first scholarship award will be complete and will list all applicable grant/scholarship information from outside institutions. If you are submitting the form via e-mail, your typed name below will suffice as your signature.

Parent Signature

Date