

# ALLAN CARL SCHROEDEL MEMORIAL SCHOLARSHIP FORM

Scholarships offered by Peace United Church of Christ, Rochester, Minnesota

## Attention: Please read carefully:

- Scholarship awards will be based on 1) qualified applicants enrolling in an accredited academic or vocational program, **with emphasis upon (but not limited to) the fields of religion, computer science, medicine, and arts**, and 2) financial need and academic record.
- A transcript of your high-school or most recent academic record must be included with this application. Please limit additional information to one page or less.
- This application must be returned or postmarked by March 15, 2010 to Peace UCC, 1503 2<sup>nd</sup> Ave NE, Rochester, MN 55906.
- Notification of acceptance or rejection of the award will be postmarked by May 14, 2010.
- Recipients of awards must provide the committee with the full name and address of the College or Vocational School he or she will be attending. The scholarship check will be sent to that school in time for the fall academic term. The check will need to be endorsed by both the recipient and the institution.

## A. Personal Information

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Street/Box #) (City/State) (Zip Code)

Telephone: \_\_\_\_\_

Are you presently in High School? (circle one) No Yes  
If Yes, where? \_\_\_\_\_

Where do you intend to go to school (college, vocational, etc): \_\_\_\_\_

Have you been accepted? \_\_\_\_\_ What degree will you be working toward? \_\_\_\_\_

What are your vocational goals? \_\_\_\_\_

Please summarize your extra-curricular and volunteer activities (senior-high and later):

- School:

- Social:

- Church:

- Civic:

## B. Work Experience

Employer & Address	How long?	Type of Work	PT / FT ?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**C. Family History** (if living at home)

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Number of siblings: \_\_\_\_\_ Do any members of your family attend a post-high school institution?

\_\_\_ Father \_\_\_ Mother Where? \_\_\_\_\_

\_\_\_ Sibling(s) Where? \_\_\_\_\_

If on your own, describe your family situation:

**D. Financial Data**

Indicate Total Gross Income (both parents) as indicated on 1040 Tax Form: \$\_\_\_\_\_

Anticipated expenses: (circle one) per semester per quarter

Tuition / Fees \$\_\_\_\_\_ Books \$\_\_\_\_\_

Living Expenses \$\_\_\_\_\_ Other \$\_\_\_\_\_

How much will your family contribute? \$\_\_\_\_\_ How much you will contribute? \$\_\_\_\_\_

Have you been awarded any financial assistance (loans, grants, local scholarships, etc)? Yes No

If Yes, how much? \$\_\_\_\_\_

Indicate any unusual circumstances that may increase your need:

If you choose, make a statement about why the Scholarship Committee should consider you for an award:

**E. Personal References** (please provide two personal references):

Name	Address	Phone
_____	_____	_____
_____	_____	_____

_____	_____	_____	_____
signature of applicant	date	signature of parent(s)	date