

CHARLEY WOOTAN GRANT PROGRAM

2009-2010 Student Application

TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES

Completeness and neatness ensure your application will be reviewed properly.

Application must be postmarked no later than **May 7, 2009**

FOR SCHOLARSHIP MANAGEMENT SERVICES USE ONLY

I.D. #	State	Region	AGI	EFC	Other Awards

APPLICANT DATA

Last Name _____ First Name _____ Middle Initial _____

Permanent Home _____

Mailing Address _____ Apartment # _____

City _____ State _____ ZIP Code _____

Telephone (_____) _____ Email Address _____

Date of Birth: Month _____ Day _____ Year _____ Are you a U.S. citizen or permanent U.S. resident? Yes No

Please indicate your gender and race. (For statistical purposes only)

Male Female

Multi-Racial

Asian

Hispanic/Latino

White

American Indian /Alaska Native

Black/African American

Native Hawaiian/Pacific Islander

Please indicate each parent's educational background.

Mother: Some high school
 High school graduate
 Some college
 Associate's degree
 Bachelor's degree
 Graduate degree
 Other _____

Father: Some high school
 High school graduate
 Some college
 Associate's degree
 Bachelor's degree
 Graduate degree
 Other _____

Expected Family Contribution (EFC) from your Student Aid Report (SAR) or Institutional Student Information Record (ISIR) \$ _____

COLLEGE DATA

Name of college you plan to attend for 2009-2010 academic year. **Use official school name. Please do not use an abbreviation.**

_____ City _____ State _____

4 yr. College or University 2 yr. Community or Junior College Vocational-technical School

Student will: live on campus live off campus commute from home

If school choice is a public institution, applicant will pay: in-state resident tuition out-of-state tuition

Year in school for 2009-2010 year: (circle) 1 2 3 4 5 (Grant will be awarded for undergraduate study only.)

Anticipated college graduation date: Month _____ Year _____

OTHER AWARDS

Please list the name and annual amount of any grants or scholarships you have been awarded for the 2009-2010 school year only.

Name of Award:	School to which award will be applied:	Amount:	Check One:
_____	_____	\$ _____	<input type="checkbox"/> Granted <input type="checkbox"/> Pending
_____	_____	\$ _____	<input type="checkbox"/> Granted <input type="checkbox"/> Pending

APPLICATION CHECKLIST

This application becomes complete and valid only when you have submitted all of the following materials in one envelope:

- Completed and signed application form
- 2009-2010 Student Aid Report (SAR) or Institutional Student Information Record (ISIR)
- 2009-2010 postsecondary school acceptance letter (if a first year student who has not completed one full quarter or semester)
 Cumulative postsecondary school transcript of grades (if a student who has completed at least one full quarter or semester)

Postmark deadline May 7, 2009

CERTIFICATION

Scholarship Management Services has the sole responsibility for selecting recipients. This application becomes the property of Scholarship Management Services and TG. (It is recommended you keep a copy for your files.)

I acknowledge that decisions are final. I certify that in the 2009-2010 academic year I will be attending the institution named above, that I am not in default on any Title IV student loan, that I am not a TG employee or a dependent of a TG employee, that TG may use my name and testimonial for publicity purposes, and that all the information provided is complete and accurate. I authorize release of all information on my application to Scholarship Management Services and TG. I understand that I may be asked to authorize release of my educational records to Scholarship Management Services and TG. If requested, I will provide proof of the information. If requested, I will provide a photo to TG for publicity purposes. Falsification of information may result in termination of any award granted.

Applicant's Signature _____ Date _____

Parent or Legal Guardian's Signature (if applicant is under age 18) _____ Date _____

All materials must be included in one envelope and addressed to:

Charley Wootan Grant Program
 Scholarship Management Services
 One Scholarship Way, P.O. Box 297, Saint Peter, MN 56082