

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 or college 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 or graduate 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.
1. Students currently or previously enrolled in college or vocational-technical school must include all college or vo-tech transcripts of grades. (Completion of the following section is not necessary.)
2. High school seniors and students who have completed less than one full quarter or semester of post-secondary education 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		GMAT	GRE
	Weighted: _____/4.0 scale	Verbal	Math	Verbal	Math	English	Math	Total Score	Total Score
	Unweighted: _____/4.0 scale								

School Official's Signature _____ Date _____
 Title _____ Telephone (_____) _____
 Address _____
 City _____ State _____ Zip _____

APPLICATION CHECKLIST The student is responsible for submitting all materials on time. This application for a scholarship becomes complete and valid only when you have submitted all of the following materials:

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

Postmark deadline February 22, 2002

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 descriptive brochure. 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 in the brochure 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. I authorize VRNA, its representatives and assigns, to publish my name, my photograph (if supplied), and my essay in its advertising material. I hereby waive the right to assert any claim or cause of action relating to the use of my comments or photograph.

Applicant's Signature _____ Date _____

Parent's Signature (if under 18) _____ Date _____

Application for the Veterans Resource Network Association Scholarship



VETERANS RESOURCE NETWORK ASSOCIATION
SCHOLARSHIP APPLICATION

Who is eligible?

Eligibility is open to any child or grandchild of a VRNA Member who meets these criteria:

1. Applicant must be a high school senior or an undergraduate or graduate student enrolled full-time in a two or four-year college or university.
2. Applicant must have a grade point average of 3.0 if a high school senior or a college undergraduate and 3.5 if a graduate student.

How to apply?

1. Complete this application in full.
2. Mail this application, a copy of your transcript, and your essay to:

VRNA Scholarship Committee
P.O. Box 376
Fergus Falls, MN 56538-0376

Applications must be postmarked by February 22, 2002. Scholarship recipients will be rated on all information provided on the application and the student's academic record.

TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES.

Completeness and neatness ensure your application will be reviewed properly.

Application postmark deadline 02/22/02

FOR CSEA 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 _____
Relationship to VRNA Member Child Grandchild
Last Name of VRNA Member _____ First _____
Address of VRNA Member _____
City _____ State _____ Zip Code _____
E-mail Address _____ Day Telephone (_____) _____
Please indicate your status. (For statistical purposes only)
 Male American Indian /Alaskan Native Black/African American Asian
 Female Native Hawaiian/Pacific Islander Hispanic/Latino White

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 or are currently attending. (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 2 3 4 5 or Graduate Study

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

Degree sought: Master's 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, social security number 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

EXTRA-CURRICULAR ACTIVITIES, COMMUNITY SERVICE, 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. **Indicate whether high school or college activities.**

Activity	No. of Years	Special Awards, Honors	Offices Held	Activity	No. of Years	Special Awards, Honors	Offices Held

ESSAY

On a separate sheet of paper, submit a typed essay in your own words (500 or fewer) on: ***"In light of the recent terrorism in NY, what have you learned about serving your country and what it means to be an American?"*** (Be sure to include your name and social security number on the essay.)

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.

