



# Tony Alt Memorial Foundation Scholarship

TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES

Completeness and neatness ensure your application will be reviewed properly.

Application postmark deadline May 15

FOR SCHOLARSHIP MANAGEMENT SERVICES USE ONLY

I.D. #	AA	PD	RIC/CS	GPA	SATCR	SATM	SATW	ACTC	TOTAL

**APPLICANT DATA**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 Permanent Home \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ Apartment # \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
 Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Email Address \_\_\_\_\_  
 Social Security Number \_\_\_\_\_ Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
 Do you live in a single parent household where one parent has passed away?  Yes  No If yes, date of death \_\_\_\_\_  
 \_\_\_\_\_  
 Please indicate your status. (For statistical purposes only)  Male  Female  
 American Indian/Alaska Native  Black/African American  Multi-Racial  White  
 Asian  Hispanic/Latino  Native Hawaiian/Pacific Islander

**PARENT OR GUARDIAN INFORMATION**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 Address \_\_\_\_\_  
 Relationship to Applicant \_\_\_\_\_ Day Telephone ( \_\_\_\_\_ ) \_\_\_\_\_  
 Email Address \_\_\_\_\_ Fax Number ( \_\_\_\_\_ ) \_\_\_\_\_

**HIGH SCHOOL DATA**

School Name (select one):  
 Asbury Park High School  Half Hollow Hills High School West  Rice High School  
 Camden High School  Ossining High School  St. Raymond's High School  
 Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ High School Graduation Date: Month \_\_\_\_\_ Year \_\_\_\_\_

**POST-SECONDARY SCHOOL DATA**

Name of postsecondary 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: \_\_\_\_\_ Expected college graduation date: Month \_\_\_\_\_ Year \_\_\_\_\_  
 Degree sought:  Bachelor  Associate  Certificate  Other, explain \_\_\_\_\_  
 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

Sending a resumé does not replace any part of this application. If space provided in any section is inadequate, you may continue on additional sheets. Attachments must follow 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.

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**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.

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**PARENTS' FINANCIAL DATA (REQUIRED)**

**Instructions for this section are provided in the guidelines.**

The applicant's parents or guardians must complete this portion of the application. Adjusted gross income and total federal income tax amounts should be from parents' most recently filed tax return. **To be considered for an award, this section must be filled out completely.**

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|--|--|
| <p>1. State of Residence ..... _____</p> <p>2. Adjusted Gross Income (FORM 1040) ..... \$ _____</p> <p>3. Total Federal Tax Paid (FORM 1040) ..... \$ _____<br/>(Not the amount withheld from paychecks)</p> <p>4. Total Income of Father ..... \$ _____</p> <p style="padding-left: 20px;">Total Income of Mother ..... \$ _____</p> <p>5. Yearly Untaxed Income and Benefits:<br/>Please indicate source –<br/><input type="checkbox"/> Social Security <input type="checkbox"/> AFDC <input type="checkbox"/> Child Support<br/><input type="checkbox"/> Other ..... \$ _____</p> | <p>6. Medical and Dental Expenses not paid by insurance (exclude premiums) ..... \$ _____</p> <p>7. Total Cash, Checking, Savings, and Cash Value of Stocks (exclude retirement plan funds, IRA, 401k) \$ _____</p> <p>8. Total number of family members living in the household and primarily supported by the reported income ...# _____</p> <p>9. Marital status of parent or guardian:<br/><input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Single</p> <p>10. Total number of family members attending college at least half-time during the next school year, including applicant .....# _____</p> |
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**OTHER AWARDS**

Please list the name and annual amount of any grants or scholarships you have been awarded for the coming 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

**APPLICANT APPRAISAL (REQUIRED)**

**To the Applicant:** 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.

**To the Adult Appraiser:** *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 postsecondary 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**

A complete transcript of grades **must** be sent with this application. Grade reports are not acceptable. All applicants **must** include a high school transcript of grades and have this section completed by the appropriate school official. **(A clear explanation of the school's grading scale must also be submitted.)**

Applicant ranks _____ in a class of _____	Cumulative Grade Point Average	SAT			ACT				
	Weighted: _____/4.0 scale	Critical Reading	Math	Writing	English	Math	Reading	Science	Composite
	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 Scholarship Management Services on time. Incomplete applications will not be evaluated. This application becomes complete and valid only when all of the following materials have been received:

- Student Application with completed Applicant Appraisal
- Current Complete Transcript(s) of Grades (including grading scale)

All materials, including transcript, must be addressed to:

**Tony Alt Memorial Foundation Scholarship**  
 Scholarship Management Services  
 One Scholarship Way, P.O. Box 297  
 Saint Peter, MN 56082

**Postmark deadline May 15**

Applications are also available on the foundation's website at: [www.TAMFI.org](http://www.TAMFI.org)

**CERTIFICATION**

On behalf of the Tony Alt Memorial Foundation Incorporated, Scholarship Management Services has the responsibility for selecting recipients based on criteria as set forth in the program's description. This application becomes the property of Scholarship Management Services. (It is recommended you keep a copy for your files.)

*I acknowledge decisions are final. I certify I meet eligibility requirements of the program as described in the guidelines and the information provided is complete and accurate to the best of my knowledge. If requested, I will provide proof of information, including an official transcript of grades and a copy of my U.S. Income Tax Return. Falsification of information may result in termination of any award granted.*

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_