

James J. and Mildred M. Postma Scholarship Checklist

(For use by returning scholarship applicants for the 2019/2020 school year)

➤➤➤ **KEEP this 1st page with checklist for your records.**

This scholarship is available to college students whose permanent residence is in the Sioux Center Community School District, who received a Postma award for their previous consecutive year(s) of college, and who intend to continue as full-time students. The recipients shall be selected from the applications received by the selection committee, pending confirmation of enrollment in the fall semester.

The amount of this scholarship varies from year to year, depending on the number of applicants. It may be renewed for 3 consecutive years as an undergraduate, provided the student reapplies and continues to meet the standards of the selection committee. It is the responsibility of the student to check for the renewal application each year.

For a student to be considered for a scholarship renewal, he/she must submit **two signed copies** of the 4-page application along with **two copies** of all necessary documentation to the library, delivered or postmarked no later than **May 17, 2019**. Early submissions are encouraged.

Documentation Check List: Collate and submit 2 copies of every item listed below.

- 1. Postma Scholarship Renewal Application, **with signatures** (2 copies)
- 2. Transcript of grades from current college through fall semester (2 copies)
- 3. Letter from your college confirming your enrollment as a **full-time student** for the 2019/2020 school year (2 copies)
- 4. Financial aid award letter or summary from your college for the 2019/2020 school year (If not available, submit last years) (2 copies)

Two copies of all supporting documentation and **two signed copies** of the application must be postmarked or delivered to the Sioux Center Public Library Selection Committee by **5pm, May 17, 2019**.

Mail or deliver to the following address by 5pm, May 17, 2019:

Sioux Center Public Library
Attn: Postma Scholarship Committee
102 S. Main Avenue
Sioux Center, IA 51250

Failure to meet the Due Date or to include two copies of ALL documentation will result in rejection of the application.

2019: Renewal

Last 4 Digits of Your SSN:

Year of Study (please check one) Soph Jr Sr

College/Trade School information:

I am attending a Trade School Two-year college Four-year college

Name and Address of Trade School(s) or College(s) you will be attending in Fall 2019:

Is your parent employed by the institution you are planning to attend? Yes No
If yes, are they employed, Part time Full time?

Academic Information: (Complete all statements that apply.)

1. Name of college attended:

2. Number of college credit hours completed:

3. College GPA from current transcript:

(Submit 2 copies of your most recent transcript)

2019: Renewal

Last 4 Digits of Your SSN:

Year of Study (please check one) Soph Jr Sr

Financial Information:

1. List anticipated college costs for the next year. These costs are an important factor in the awards process. (REQUIRED)

Tuition/Fees:	\$
Room & Board:	\$
Lab Fees:	\$
Books:	\$
Transportation:	\$
Current Outstanding Student Loans	\$
Other (please explain below):	\$
	\$
	\$
Total:	\$

2. Will there be other immediate family members attending college during the next year?
Do not list actual names:

Yes If yes, how many?

No

3. Please share at least one example of how the Postma Scholarship enriched your academic experience at college in the past year, and briefly describe why this award is significant in your education and future plans. Your thoughtful and sincere answer here is another important factor in the selection and ranking process for scholarship awards and will be compared to the answers of other applicants. (Use an additional page if necessary.)

4. Please tell us about any and all community service activities you have participated in. (Use an additional page if necessary).

2019: Renewal

Last 4 Digits of Your SSN:

Year of Study (please check one) Soph Jr Sr

I authorize the Sioux Center Public Library Scholarship Selection Committee to release my name to the public if I am a recipient of a James J. and Mildred M. Postma Scholarship.

I certify that all information given on this application is true and correct to the best of my knowledge.

Applicant signature: _____

Parent/Guardian signature: _____

Date submitted: _____