



TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES
 Completeness and neatness ensure your application will be reviewed properly.

Application postmark deadline: February 28

FOR SCHOLARSHIP MANAGEMENT SERVICES USE ONLY

I.D. #	AA	PD	GPA	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 _____
 Please indicate your status: Male Female U.S. Citizen? Yes No
 If No, are you a Permanent Resident? Yes No
 American Indian/Alaska Native Black/African American Native Hawaiian/Pacific Islander White
 Asian Hispanic/Latino Other, specify _____

PARENT OR GUARDIAN INFORMATION

Last Name _____ First _____ Middle Initial _____
 Address _____
 Email Address _____ Day Telephone (_____) _____

HIGH SCHOOL DATA

School Name _____ High School Graduation Date: Month _____ Year _____
 City _____ State _____ Telephone (_____) _____

POST-SECONDARY SCHOOL DATA

Name of postsecondary school you are attending. **Use official school name. Do not use abbreviations.**
 _____ City _____ State _____
 4 yr. College or University Other, explain _____
 Year in school 2010-2011: College Junior College Senior Other _____
 Major or course of study: Entrepreneurship Other, specify _____
 If other, please list at least two courses that relate directly to entrepreneurial studies:
 1) _____ 2) _____
 Enrollment Status: Full-time Part-time Expected college graduation date: Month _____ Year _____
 Degree sought: Bachelor's 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 entrepreneurial work experience during the **past four years**. 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, etc.). Note all special awards, honors and offices held. **Indicate whether high school or college activities.**

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 educational plans, your career objectives and your long-term goals as they relate to becoming an entrepreneur.

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.

PARENTS' FINANCIAL DATA (REQUIRED)

The applicant's parents or guardians must complete this portion of the application. Only if the student is independent (not claimed as a dependent by any other person) should the student's information be submitted. Adjusted gross income and total federal income tax amounts should be from the most recently filed tax return. **To be considered for an award, this section must be filled out completely.**

- | | |
|---|---|
| <p>1. State of Residence _____</p> <p>2. Adjusted Gross Income (FORM 1040) \$ _____</p> <p>3. Total Federal Tax Paid (FORM 1040) \$ _____
(Not the amount withheld from paychecks)</p> <p>4. Total Income of Father (Applicant, if indep.)... \$ _____</p> <p style="padding-left: 20px;">Total Income of Mother (Applicant spouse)... \$ _____</p> <p>5. Yearly Untaxed Income and Benefits:
Please indicate source:
 <input type="checkbox"/> Social Security <input type="checkbox"/> AFDC <input type="checkbox"/> Child Support
 <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 (Applicant, if independent):
 <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Single</p> <p>10. Of total number of family members on line 8, number of students attending college at least half-time, during the next school year (include Applicant, exclude parents)# _____</p> |
|---|---|

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. This section is to be completed by a college 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 from each school attended since high school graduation **must** be sent with this application. Online transcripts must display student name, school name, grade and credit hours earned for each course, and term in which each course was taken. Grade reports are not acceptable.

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:

The Coleman Entrepreneurial Scholarship Program
 Scholarship Management Services
 One Scholarship Way
 Saint Peter, MN 56082

Postmark deadline: February 28

CERTIFICATION

Scholarship Management Services has the sole 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's Signature _____ Date _____

INSTRUCTIONS FOR COMPLETING THE FINANCIAL DATA SECTION OF THE APPLICATION

The Financial Data section of the application should be completed by parents, guardians, **or** by the applicant if independent. Independent is defined as one who is **not** claimed as a dependent by the parent/guardian for tax purposes. Information should be from a completed tax return filed with the IRS.

- 1. State of Residence** is the state where the parents and/or (independent) applicant reside and pay state income tax.
- 2. Adjusted Gross Income** can be found on IRS FORM 1040 and is gross income reduced by specific adjustments allowed by law.
- 3. Total Federal Tax Paid** includes the total amount of **federal** income tax to be paid as reported on IRS FORM 1040. This is **not** the amount withheld from employee's paychecks. (The amount withheld should be adjusted by any refund or additional taxes due.) Do **not** report state income tax.
- 4. Total Income** of parent(s) should be reported individually for both parents if applicant is a dependent student, or by the applicant if independent. Provide information for both natural parents, when possible. **If the student resides with only one parent**, financial information **must** be received from the parent who claims the child as a dependent for tax purposes. If a parent has remarried, the spouse's information is required if the spouse is a legal guardian of the student, or claims the student as a dependent, or the student is included in the spouse's benefit plan. **If necessary, two Financial Data sections may be submitted by the student.** A copy of the Financial Data section may be made in order for one to be completed by each parent.
- 5. Untaxed Income and Benefits** include any other income or benefits not included in the adjusted gross income figure. Do not include untaxed contributions to retirement plans.
- 6. Medical and Dental Expenses** include only those expenses not paid by insurance. Do not include premium payments.
- 7. Total Cash, Checking, Savings, Cash Value of Stocks, etc.,** includes liquid assets that can be used for educational expenses. **Do not include** IRA, 401k, or other retirement plan funds.
- 8. Total Number of Family Members** living in the household and primarily supported by the reported income may include:
 - the applicant
 - the applicant's parents
 - other children living in the household
 - dependent college students living away from home
 - Other people who live in the household and receive more than half of their support from the reported income.Independent students should only report those individuals who are supported by the reported income.
- 9. Marital Status** is the current status of the person from whom the financial information is submitted.
- 10. Of the total number of family members on line 8, number of students attending college** includes family members attending a two- or four-year college, university, or vocational-technical school at least half-time. Include the applicant in this number. Do not include parents.

NOTE: Any exceptions to providing financial information as instructed above must be submitted to Scholarship Management Services in writing.