



## Scholarship Program

Little Sioux Corn Processors will award up to three annual scholarships (the third scholarship must be only a \$200 award) per participating high school to students pursuing the completion of a two or four-year undergraduate degree. The tuition award will be \$500 per year for pursuing a four-year undergraduate degree and \$200 per year for pursuing a two-year degree. The scholarship awards can be renewed for up to 3 additional subsequent years for pursuing a four-year degree, and one additional subsequent year for pursuing a two-year degree (subject to requalification requirements).

### ELIGIBILITY GUIDELINES

1. Must be accepted by or enrolled in an accredited college, university, or community college.
2. Must be a high school graduate or if still in high school must have an expected graduation date in the current school year.
3. All areas of study (majors) will be accepted.
4. **Student must maintain at least a 12-hour workload and/or be considered a full-time student paying full time tuition.**
5. **Students must maintain a cumulative minimum 2.5 grade point average throughout their college career.**
6. Scholarship will be applied toward tuition fees, housing and meal costs, book costs, or other similar costs and fees normally associated with attending a college, university, or community college.
7. If a student has enough credits to graduate in 3 years, they could apply for another \$500 for another one year if going on to graduate school. The \$500 would be paid to the student at the end of the first semester. The check will be made jointly to the student and the college or university at which the student attends.



# SCHOLARSHIP APPLICATION

## PART I. GENERAL INFORMATION

Name \_\_\_\_\_

Home Address \_\_\_\_\_  
*(street, city, state, zip code)*

E-Mail Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

High School Attended \_\_\_\_\_ Expected Grad. Date \_\_\_\_\_

Comm. College Accepted/Attending \_\_\_\_\_ Expected Grad. Date \_\_\_\_\_

College/Univ. Accepted/Attending \_\_\_\_\_ Expected Grad. Date \_\_\_\_\_

Have you been a recipient of this scholarship in the past  Yes  No

NOTE: *If you are currently receiving this scholarship, do not complete this application. A renewal application is available for a continuing scholarship.*

What is or what will be your major area of study? Please be specific -  
\_\_\_\_\_

Parents' Names \_\_\_\_\_

Parents' Address \_\_\_\_\_  
*(street, city, state, zip code)*

Parents' Occupations \_\_\_\_\_

## PART II. ACADEMIC INFORMATION

***Enclose an official transcript signed by a high school or college/university official. Unofficial transcripts obtained from the high school or college website will not be accepted. You are required to include a copy of your SAT/ACT composite score notification if not already included on your high school transcript.***

What was your high school GPA? \_\_\_\_\_

List your composite score on exam that applies: SAT \_\_\_\_\_ ACT \_\_\_\_\_  
and/or Asset \_\_\_\_\_ Compass \_\_\_\_\_

List high school academic honors you've received within the past 2 years (***limit one additional page***):

### PART III. ACTIVITIES & GOALS

List clubs and school activities in which you have participated during the past four years (e.g., student government, music, sports, etc.) List all church, civic, community activities in which you have participated without pay during the past four years. Note all special awards, honors and offices held.

**Activities, Awards & Honors** (May list activities on separate page, but limit to two additional pages)

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

Briefly summarize any other related experiences or activities.

Make a brief statement or summary of your plans as they relate to your educational and career objectives and long-term goals.

### PART IV. FINANCIAL INFORMATION

Since financial need is one factor in selecting the recipient of this scholarship, the following information is critical to the selection committee in their deliberations. The information is strictly confidential and will only be reviewed by the members of the selection committee. It is very important that you answer each question.

Applicant must provide the **Expected Family Contribution (EFC) as calculated by the Free Application for Federal Student Aid (FAFSA)**. If you have not already completed this, the FAFSA application can be found online at <http://www.fafsa.ed.gov/>. If you have not completed your taxes, please go online and do an FAFSA estimate; then submit the actual score when you've received it. *Attach a copy of the top page indicating the EFC or estimated EFC score.*

**EFC Score:** \_\_\_\_\_

What are your expected education expenses for the next year?

Tuition \_\_\_\_\_ Room & Board \_\_\_\_\_ Other \_\_\_\_\_ Total \_\_\_\_\_  
(books & personal)

How is your education being financed?

Do you (or will you) work during the year to support your education? \_\_\_\_\_

If so, approximate: Hours/week? \_\_\_\_\_ Annual earnings all sources? \_\_\_\_\_

Where? \_\_\_\_\_ Type of work? \_\_\_\_\_

Do you work during the summer? \_\_\_\_\_ If so, where? \_\_\_\_\_

Type of work? \_\_\_\_\_

Do you have a scholarship or tuition waiver for the upcoming school year? \_\_\_\_\_

If so, please complete the following and also indicate if you are waiting for a decision on a scholarship or tuition waiver.

**Name of Scholarship or Waiver**

**What is its value?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of family members that parents still provide over 50% of financial support \_\_\_\_\_

Number of family members who will be enrolled in college during the upcoming school year \_\_\_\_\_

Do you have any other sources of income? \_\_\_\_\_ If so, detail below:

**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.

Do you have any debts? \_\_\_\_\_ If so, detail amount and description of debts \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Approximate amount in savings, checking account, cash? \_\_\_\_\_

Why do you feel you qualify for financial assistance?

*I hereby certify that, to the best of my knowledge, the above information is correct, and complete.*

Student's signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian's signature \_\_\_\_\_

Date \_\_\_\_\_