

**STUDENT'S APPLICATION BLANK  
FOR SHIRLEY SORBE MEMORIAL SCHOLARSHIP**

**TO THE STUDENT:** Please answer the questions below clearly and concisely.

This information will be used for making the scholarship selection by the scholarship committee.

**ATTACH  
PHOTOGRAPH**

(Use tape, do not staple photograph)

This scholarship has been established in memory of Shirley Sorbe, an employee of Buena Vista County Farm Bureau for 39 years, as a lasting tribute to an outstanding individual. She was a long-time resident of the Rembrandt and Alta communities.

This application form must be sent to the following address by March 15, 2016 .

Send to: Shirley Sorbe Scholarship  
% Nelda Nelson  
37 Peterson Dr.  
Storm Lake, IA 50588

**PERSONAL DATA:**

Name (last, first, middle) \_\_\_\_\_

Home address \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Date of birth \_\_\_\_\_ Age \_\_\_\_\_

Parents' names \_\_\_\_\_

Number of children in family \_\_\_\_\_ Please give names and ages of brothers and sisters still in school \_\_\_\_\_

Reside in \_\_\_\_\_ county.

Please describe your father's and mother's occupations or business: \_\_\_\_\_

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

Name and address of high school \_\_\_\_\_

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

Major area of high school courses \_\_\_\_\_

\_\_\_\_\_

List clubs, organizations, activities (offices held) and any honors received while in high school:

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List any community activities you have been involved in and any positions of leadership:

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**FUTURE PLANS:**

College you plan to attend \_\_\_\_\_

Course of study or major in college \_\_\_\_\_

**ESTIMATED STUDENT EXPENSES**

**per semester:**

Tuition and fees \_\_\_\_\_

Room and board \_\_\_\_\_

Books and supplies \_\_\_\_\_

Transportation \_\_\_\_\_

Personal \_\_\_\_\_

Medical and dental \_\_\_\_\_

***TOTAL*** \_\_\_\_\_

**ESTIMATED RESOURCES THAT YOU  
ARE CERTAIN OF:**

**per semester:**

Parents' contribution \_\_\_\_\_

Students wages and savings \_\_\_\_\_

Grants \_\_\_\_\_

Loans \_\_\_\_\_

Other \_\_\_\_\_

***TOTAL*** \_\_\_\_\_

Please state your goals and purpose in pursuing a post-high school education and what you expect to do after completing your education. Please state your financial need -- highest priority is given to consideration of financial need in awarding the Shirley Sorbe Memorial Scholarship.

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**RECOMMENDATION FORM FROM APPLICANT'S HIGH SCHOOL  
FOR SHIRLEY SORBE MEMORIAL SCHOLARSHIP**

TO BE FILLED OUT BY STUDENT:

1. Applicant's name \_\_\_\_\_
2. Plan to attend (vocational school, university, college) \_\_\_\_\_  
\_\_\_\_\_
3. Area of study in college \_\_\_\_\_

I hereby give permission for my school to release information about my tests or grades.

Signed by student \_\_\_\_\_

Please have letters of recommendation -- from one of your high school teachers and two from other adults who know you (*i.e., neighbor, employer, minister, etc.*) -- sent to the address listed at the beginning of your application form and by the date listed there.

TO BE FILLED OUT BY PERSON SIGNING RECOMMENDATION:

1. How long have you known the applicant? \_\_\_\_\_
2. In what capacity have you known the applicant? \_\_\_\_\_  
\_\_\_\_\_
3. Please rate the applicant on the following characteristics:

	<i>Excellent</i>	<i>Above Average</i>	<i>Average</i>	<i>Below Average</i>	<i>Poor</i>
Predictability of success	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ambitiousness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to get along with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Number in graduating class \_\_\_\_\_ and rank in senior year \_\_\_\_\_.
5. Grade point average:  
First year of high school \_\_\_\_\_ 2<sup>nd</sup> year \_\_\_\_\_ 3<sup>rd</sup> year \_\_\_\_\_
6. ACT (or other college entrance test) score \_\_\_\_\_
7. Please send high school transcript.

