

IDALIA VISIONS FOUNDATION
CONTINUING EDUCATION GRANT APPLICATION

(Please type or print in black ink)

Student Info:

Name _____ IHS Graduation Date: _____

Contact # _____ e-mail address: _____

Parent / Legal Guardian's Info: (Scholarship information and checks are mailed to your parent/guardian's address)

Name _____ Contact # _____

Home Address: _____ City & State _____

School Information:

List the name and location of the college or school you plan to attend this fall.

1. College or school name: _____
1. Location of school: _____
2. Planned major or Course of Study: _____

All applicants need to include the following with your application:

- A copy of your most recent transcript.
- Two letters of recommendation
 - One letter from a Professor or TA.
 - One letter preferred from a community member or can be a person of your choosing (no relatives or fellow students)
- In a personal essay, the scholarship committee is interested in your college experience. Your essay can include courses that helped you define your goals or direction further. It could be about the people you've met or a professor that helped you decide a course of study, or experiences that helped you realize something about yourself or affirmed or changed your goals. Please include in your essay your future plans and how you would benefit from receiving this scholarship. If your college transcript doesn't show a successful year, please address that in your essay.

(Essays should be typed, double-spaced, 12 font, and no more than 250 words)

All letters of recommendation, the transcript, the personal essay, and this application must be postmarked no later than April 1st and must be addressed to: **Idalia Visions Foundation Continuing Education Grant Committee, P.O. Box 71, Idalia, CO 80735. It is your responsibility to make sure all required components have been received by the scholarship committee by calling Ms. Kathy Wiley at 354-7446.**

Student Signature _____ Date _____