

IDALIA VISIONS FOUNDATION

CONTINUING EDUCATION GRANT APPLICATION

High School Seniors

(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 your choice of colleges or the school you plan to attend this fall.

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

All applicants need to include the following with your application:

- Current high school transcript which includes the most current ACT score
- Three letters of recommendation sent directly by each evaluator to the Idalia Visions Continuing Education Grant Committee. Evaluators must include:
 - Teacher in the Idalia School RJ3 District. Attached to this letter should be the Confidential Information Sheet (page 2 of application),
 - A community member
 - One person of your choosing, but not a relative or fellow students
- In a personal essay, tell the scholarship committee about the qualities that you possess that will help you succeed in your plans for the future. This could include character, work ethic, work experience, community service/volunteerism, and your contributions to an organization/activity you were involved in (i.e. sports, church group, FFA, ICYS, FBLA, 4-H, FCA, etc). Please include in your essay your future plans and how you would benefit from receiving this scholarship. If your transcript or history does not portray you as the person you've become, please indicate the positive changes you've made or the process you've undergone to become more successful in the future. (*Personal Essay 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 _____

CONFIDENTIAL

Student name: _____ **Date:** _____

Assessment of student's...:

- | | | | | |
|------------------------|------------|---------------------|---------------|----------------|
| 1. Motivation | Poor _____ | Below Average _____ | Average _____ | Superior _____ |
| 2. Leadership | Poor _____ | Below Average _____ | Average _____ | Superior _____ |
| 3. Dependability | Poor _____ | Below Average _____ | Average _____ | Superior _____ |
| 4. Cooperation | Poor _____ | Below Average _____ | Average _____ | Superior _____ |

Source of information: Records & Reports _____ Personal acquaintance _____ Casual Contact _____

What is your best estimate of the probable success of the student in college or vocational school?

Failure _____ Questionable Success _____ Average _____ Above Average _____ Excellent _____

Estimation of Academic ability:

Teacher's Name: Printed _____

Signature _____

Instructions to the Evaluator:

The Trust Department from the First National Bank of Goodland, KS awards both the Idalia Visions Scholarships and the Gerber Scholarships using this application, and has asked that for high school seniors this confidential page be attached in addition to the actual letter of recommendation. Because of the sensitive nature of this information, both this form and your letter of recommendation should be mailed directly by you to the Idalia Visions Continuing Education Grant Committee with the envelope seal signed.