SCHOLARSHIP APPLICATION FORM

Before completing this application, review pages 1 and 2 which define the purpose and requirements for scholarship consideration. If you downloaded the form and these pages are missing, you may get a copy by emailing the Foundation at schmitzfoundation@cox.net.

APPLICANT INFORMATION

*Respond to all items. The information must be legible on the application or it will not be accepted.*

First/Middle Last Name __________________________________________________________

Permanent Address __________________________________________________________________

City/State/Zip __________________________________________________________________

Present Address _________________________________________________________________

City/State/Zip __________________________________________________________________

Date of Birth __________________________   Place of Birth ____________________________

USA Citizen? _____Yes  _____No                     Gender _____Male  _____Female

Phone (cell) _________________________       Personal email ___________________________

What academic year is this application being submitted for? ____________________________

Where will you be enrolled during the coming school year? And, what will your field of interest/major be? When do you anticipate finishing this program?

Describe your recent education. Include diplomas, honors, etc.

Describe the extracurricular activities and/or community activities you participated in this past year. Include activities which cover your entrepreneurial skills and goals.

Describe any recent employment and work experience.
Why should the Foundation award you a scholarship?

Write a short story about your life and your vision for the future. Include your interest in starting and/or operating a small business in the future. What excited you most about what you have done already and what do you want to do in the future? SUBMIT THIS AS AN ATTACHMENT.

REFERENCES

Provide three references that we can contact. Relatives are not acceptable references. Include a phone number and address for each and their relationship to you i.e. employer, teacher, supervisor, etc.

1.
2.
3.

FINANCIAL INFORMATION

Income, most recent year __________________________

Financial support for education and development _________________________

Estimated cost of education you are seeking support for _________________________

CERTIFICATION

I hereby affirm that the information provided on this form is accurate and complete to the best of my knowledge.

Applicant’s Signature ________________________________

Date ________________________________