**James J. and Mildred M. Postma
Scholarship Checklist**

(For use by entering freshman, Fall 2024)

**ØØØ Retain this 1st page with checklist for your records.**

This scholarship is available to 2024 High School graduates who are residents of the Sioux Center Community School District and are enrolling as full-time college students. The recipients shall be selected from the applications received by the selection committee and from a confirmation by the counselor at your high school.

The amount of this scholarship varies from year to year, depending on the number of recipients. It may be renewed for 3 consecutive years provided the student reapplies and continues to meet the standards of the selection committee. It is the responsibility of the student to check for the renewal application each year.

For a student to be considered for the Postma Scholarship, he/she must submit **two signed copies** of the 4-page application along with **two copies** of all necessary documentation to the library, delivered or postmarked no later than **May 17, 2024.** Early submissions are encouraged.

**Documentation Check List: Collate and submit 2 copies of every item listed below**.

[ ]  1. Postma Scholarship Application, **with signatures** (2 copies)

[ ]  2. Transcript of grades from High School, through fall semester (2 copies)

(See guidance counselor)

[ ]  3. Your full FAFSA report **including parental income** page (2 copies)

[ ]  4. Your financial award letter from the college you will be attending (2 copies)

[ ]  5. Proof of **full-time** enrollment from the college you will be attending (2 copies)

**Two copies** of all supporting documentation and **two signed copies** of the application must be postmarked or delivered to the Sioux Center Public Library Selection Committee by **5pm, May 17, 2024**.

**Mail or deliver to the following address by 5pm, May 17, 2024:**

Sioux Center Public Library

Attn: Postma Scholarship Committee

102 S. Main Avenue

Sioux Center, IA 51250

**Failure to meet the Due Date or to include two copies of ALL documentation will result in rejection of the application.**

F2024

**James J. and Mildred M. Postma**

**Scholarship Application**

(For use by entering freshman, Fall 2024)

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For a student to be eligible for the Postma Scholarship, he/she must submit **two signed copies** of the 4-page application along with **two copies** of all necessary documentation to the library, delivered or postmarked no later than **May 17, 2024.** Early submissions are encouraged.

Refer to checklist for details of what must be submitted. It is strongly recommended that applications be typed for easier reading by the selection committee.

**GENERAL INFORMATION:**

Name:

 First Middle Last

Home address:

 Street City Stat e Zip

Home Telephone with Area Code:

E-mail address:

**(required for award notice)**

Date of Birth(mm/dd/yy):       Last 4 digits of Social Security #:

Name and Address of Parent(s)/Guardian(s):

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Last 4 Digits of Your SSN:

**College/Trade School information:**

I plan to attend a [ ]  Trade School [ ]  Two-year college [ ]  Four-year college

Is your parent employed by the institution you are planning to attend? Yes No

If yes, are they employed, [ ]  Part time [ ]  Full time?

Name and Address of Trade School(s) or College(s) you are applying to attend Fall 2024:

**Academic Information:** (Complete all statements that apply.)

1. Name and location of High School:

2. Fill in everything that applies:

|  |  |  |
| --- | --- | --- |
| **Test** | **Score** | **Date Tested (mm/yy)** |
| SAT Verbal |       |       |
| SAT Math |       |       |
| ACT |       |       |

3. High School GPA from current transcript:

 (Submit 2 copies)

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Last 4 Digits of Your SSN:

**Financial Information:**

1. List anticipated college costs for the next year. (REQUIRED)

|  |  |
| --- | --- |
| Tuition/Fees: | $       |
| Room & Board: | $       |
| Lab Fees: | $       |
| Books: | $       |
| Transportation: | $       |
| Other (please explain below): | $       |
|       | $       |
|       | $       |
| Total: | $       |

2. Will there be other immediate family members attending college during the next year?

 Do not list actual names:

 [ ]  Yes If yes, how many?       [ ]  No

 3. In one or more paragraphs, please explain why the Postma Scholarship Award is significant in your plans for attending college this fall. Make your case to the selection committee in specific terms relating to personal circumstances, special financial needs, why a college education is important to you, etc. A thoughtful and sincere essay will be an important factor in the selection and ranking process for scholarship awards, as it will be compared to the answers from other applicants. (Use an additional page if necessary.)

4. Please tell us about any and all community service activities you have participated in. (Use an additional page if necessary)

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Last 4 Digits of Your SSN:

I authorize the Sioux Center Public Library Scholarship Selection Committee to release my name to the public if I am a recipient of a James J. and Mildred M. Postma Scholarship.

I certify that all information given on this application is true and correct to the best of my knowledge.

Applicant signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_