

William J. and Shirley A. Maeck Family Foundation Scholarship

The William J. and Shirley A. Maeck Family Foundation is proud to offer a \$2,500 scholarship to at least one deserving high school senior in Idaho Falls School District 91.

THE PROGRAM

Two criteria must be met to qualify for this scholarship:

- 1) The applicant must be a senior at one of Idaho Falls School District 91's high schools: Idaho Falls High School, Skyline High School, Compass Academy and Emerson Alternative High School.
- 2) The applicant must be pursuing a higher education at one of the following Idaho universities or community colleges: Idaho State University, University of Idaho, Boise State University, College of Idaho, Lewis and Clark College, NW Nazarene, Northern Idaho College, College of Western Idaho, BYU-I, College of Southern Idaho or College of Eastern Idaho.

ELIGIBILITY

To apply, students must submit the following:

- a) A completed application form with parent or guardian signature
- b) An essay about how the scholarship would impact the applicant's educational goals
- c) One signed Letter of Recommendation

APPLICATION

Eligible applicants will be evaluated on the basis of information supplied. Emphasis will be placed upon student GPA (3.0-3.5 target), financial need, school involvement, community engagement, and future promise.

SELECTION OF RECIPIENTS

Applications are available from all D91's high school counseling offices, from D91's college and career advisors, from D91's District Office at 690 John Adams Parkway and from the D91 Ed Foundation website. Applications are due **April 29, 2024**. They may be turned in to a high school guidance counselor or counseling office no later than the close of school or to the D91's District Office no later than 4:30 pm on **April 29, 2024**. They can also be emailed to edfoundation@sd91.org no later than 4:30 pm on **April 29, 2024**. Include "scholarship" in the subject line.

DUE DATE



William J. and Shirley A. Maeck Family Foundation Scholarship

Application

General Information

Full Name: _____ Date: _____

<i>Last</i>	<i>First</i>	<i>M.I.</i>	
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Address: _____

<i>Street Address</i>	<i>Apartment/Unit #</i>
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<i>City</i>	<i>State</i>	<i>ZIP Code</i>
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Parent or Guardian Name: _____ Student Email: _____

Phone: _____ Current GPA.: _____ Counselor Initials: _____

Student D.O.B: _____

D91 School: _____

Other Scholarships and Grants

OTHER SCHOLARSHIPS AND GRANTS (please type or print)
 Have you applied for other scholarships or grants? If so please list below the name, amount, and status of any grants or scholarships that have been granted or are still pending for your educational expenses. (Attach additional sheets if necessary.)

Name of Scholarship or Grant	\$ Amount	Granted	Pending

Signatures

By signing this application, I am stating that all information is truthful and accurate. *

Student Signature: _____ Date: _____

By signing this application, I indicate I have reviewed the information on my child's application and have found it to be truthful and accurate. * I hereby give my consent for my child to be considered for this scholarship.

Parent or Guardian Signature: _____ Date: _____

* PLEASE NOTE: The Scholarship Committee reserves the right to disqualify any applicant.

Financial Information (please type or print)

Please list annual income for both parents (adjusted gross income from last year's tax form). Estimates are sufficient.

Mother: \$

Father: \$

How many family members (including parents) received at least 50% of their support from this income last year? _____

After considering home and household expenses as well as other financial and legal obligations, how much will your parents be able to contribute toward the applicant's educational expenses in the coming school year? _____

How many college students, including the applicant, will your parents be supporting the coming school year? _____

Please explain any extraordinary or extenuating circumstances (family, medical, or other financial aid-related issues, etc.) that will impact your parents' ability to contribute financially to your education in the coming year.

PARENT or GUARDIAN SIGNATURE:

By signing this application you are stating that all information is truthful and accurate.

Parent or Guardian

Parent or Guardian

E-mail:

E-mail:

Phone:

Phone:

Print Parent or Guardian Name: _____

Signature: _____

Date: _____

