

Applicant # _____

**STARS SCHOLARSHIP APPLICATION FOR RETURNING SCHOLARS
FOR AN ASSOCIATE'S DEGREE, LICENSE OR CERTIFICATION**

Thank you for your interest in applying for the STARS Scholarship Program! STARS was created to assist students, who are parents, with college expenses that fall outside of most financial aid packages. The program is designed for Pottawattamie County residents that are low-income, full-time students pursuing a certificate, diploma or associate's (2-year) degree at an accredited or approved school. Re-applying for a STARS application is *not* a guarantee of acceptance. This scholarship is becoming highly competitive. Please do your best to answer the questions thoroughly and truthfully.

**To be considered for this scholarship, you must meet the deadline – no exceptions:
Deadline for 2010-2011 school year is March 26, 2010**

STEP 1: Confirm your eligibility. PLEASE VERIFY YOUR ELIGIBILITY BY ANSWERING YES OR NO TO EACH QUESTION:

1. Are you a parent of a child under the age of 18 or who can still be claimed as a dependent on your income taxes? _____yes _____no
 - a. IF you are a *single* parent, are you the custodial parent?
_____yes _____no (skip this question if you are *not* a single parent)
2. Are you a Pottawattamie County resident? _____yes _____no
3. Will you reside in Pottawattamie County while in school? _____yes _____no
4. Are you a FULL-TIME student in school? _____yes _____no
5. Does your income level still qualify your family for public assistance, free/reduced school lunch, Pell Grant or other income-based programs? _____yes _____no
Note: Income will be verified as part of the application process.

STEP 2: If you are still eligible, please complete the application and provide all requested material.

STEP 4: Review your application, to make sure it is complete, using this checklist:

- Completed cover sheet (this page)
- Completed application form
- Student verifications and signature (page 4)
- Copy of your most recent Student Aid Report or financial aid award letter from your school. You will receive this after you've completed filling out a FAFSA Application (Free Application for Federal Student Aid)
- Essay
- One letter of recommendation from an instructor, professor, supervisor, minister, caseworker or other affiliated community member (NOT a family member).

STEP 5: Submit this cover sheet, your application and requested materials by the postmarked deadline to:

**STARS Scholarship Committee
300 W. Broadway, Suite 212
Council Bluffs, IA 51503**

Applicant # _____

ABOUT YOU:

First Name _____ MI _____ Last Name _____

SS# _____ Address _____

City _____ Zip Code _____

Home Phone # _____ Cell Phone # _____

Email _____

Emergency contact: _____ Phone: _____

EDUCATION:

Name of the school you are attending: _____

What is your major/program of study? _____

What is your GPA? _____

When is your intended graduation date? _____

If you are graduating in 2010 or 2011, what are your post-graduation plans?

What awards or honors have you received this year? _____

Community and College Resources:

Do you receive assistance from any of the following organizations:

___ Free/reduced lunch for children

___ Section 8 Municipal Housing

___ DHS

___ Promise Jobs

___ Catholic Charities/Phoenix House

___ Other

Do you belong to any organizations at your school? If yes, what? Yes No

Have you applied for and been awarded any other scholarships for college? Yes No

Scholarship: _____ Amount _____

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Child Care, Transportation and Employment:

Child Care:

Ages of your children that still live with you: _____

Please describe your child care arrangements while you attend classes:

Transportation:

Do you have a reliable method of transportation while enrolled in school? Yes No

What is it? _____

Employment: If you are currently employed, please complete this section.

Dates (to/from)	Employer's Name	Location	Position	Hourly wage	Hours /week

RECOMMENDATION

Please submit one letter of recommendation with your application as follows:

1. The person writing the recommendation must be a member of the community that is familiar with your quest to earn a degree or certificate. He/she *cannot* be a family member.
2. The letter should be addressed to the STARS Scholarship Committee and **must be included** with the application.
3. The letter should describe (1) how the person knows you (2) your likelihood for success in earning a degree or certificate; and (3) what qualities you possess that are needed for your chosen career.

ESSAY: Please answer the following questions in a one-two page essay. The essay should be typed. **Please DO NOT put your name on the essay.** Topic: What the STARS Scholarship means to me.

1. How have the scholarship funds helped you? Use (a) specific example(s).
2. How have you benefitted from being part of a cohort? Use (a) specific example(s).
3. What have you done as a scholar that justifies you receiving the scholarship again?
4. What has been the best part of the STARS program?

Verification/Signature

<p>Please check all boxes as verification and sign your name.</p> <p><input type="checkbox"/> I certify that the information in this application is true and accurate to the best of my knowledge.</p> <p><input type="checkbox"/> I authorize educational institutions, service providers, government benefit agencies, and employers to release information concerning my STARS application to the Community Education Foundation's STARS staff and selection committee.</p> <p><input type="checkbox"/> I agree to provide my class schedule, document of child care expenses, information about financial aid and college-related expenses if chosen as a potential STARS scholar.</p> <p>Student Signature _____ Date _____</p>
