

Applicant # \_\_\_\_\_

**STARS SCHOLARSHIP PROGRAM APPLICATION  
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. Completing 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 June 25, 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 U.S. citizen? \_\_\_\_\_yes \_\_\_\_\_no
3. Are you a Pottawattamie County resident? \_\_\_\_\_yes \_\_\_\_\_no
4. Will you reside in Pottawattamie County while in school? \_\_\_\_\_yes \_\_\_\_\_no
5. Did you earn a high school diploma or GED? \_\_\_\_\_yes \_\_\_\_\_no
6. Have you been out of high school at least two years? (nontraditional) \_\_\_\_\_yes \_\_\_\_\_no
7. Are you, or will you be, a FULL-TIME student in school? \_\_\_\_\_yes \_\_\_\_\_no
8. Does your income level 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.*
9. Is your intended career or major likely to increase your family income? \_\_\_\_\_yes \_\_\_\_\_no
10. Will this be your first post high school degree? \_\_\_\_\_yes \_\_\_\_\_no

**STEP 2: If you answered "YES" to each question, please continue.** If you answered "NO" to any question, then you are probably *not eligible* for the STARS program. You **must meet the criteria** before you can apply. If you have difficulty determining your eligibility, then please call Marsha Grandick, STARS Program Director at 712-322-8800 ext 15.

**STEP 3: If you are 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)
- One page 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**

**Questions? Call Marsha Grandick, Program Director at 712-322-8800 ext 15**  
*STARS Application Cover Page*

**I: ABOUT YOU:**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_ SS# \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency contact name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Optional Personal Information:** Answering gender, birth date and ethnicity questions will not affect your application positively or negatively but it will help STARS improve its outreach efforts and evaluation of the program. We hope that you will share this information, but it is not required. **Please circle your response.**

Gender	Ethnicity	Marital Status	Number of Children
Male	Caucasian	Single	1
Female	Latino/Latina	Engaged	2
	African American	Married	3
	Asian American	Divorced	4
	Native American	Separated	5
	Other	Widowed	6+

Birthdate \_\_\_\_\_ Did either of your parents graduate from college? \_\_\_\_\_

***ALL REMAINING QUESTIONS and INFORMATION ARE REQUIRED***

**II. Educational History:**

***High School Diploma or GED: Circle which degree you received.***

Name of school: \_\_\_\_\_ City and State: \_\_\_\_\_ Year: \_\_\_\_\_

**III. ABOUT YOUR CHOSEN COLLEGE, PROGRAM and CAREER:**

Are you currently enrolled in college or a certificate program? \_\_\_\_\_yes \_\_\_\_\_no

If yes, what is your GPA? \_\_\_\_\_

**Circle the school you will attend or are attending:**

IWCC	Kaplan	Metro	EQ Hair Design	ITT Tech	Vatterott	Buena Vista	Other _____
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What is your intended start date, or if you're presently a student, when did you begin? \_\_\_\_\_

What major or program do you intend to complete? \_\_\_\_\_

When do you intend to graduate? \_\_\_\_\_

**IV. COMMUNITY and COLLEGE RESOURCES:**

Do you have someone who supports your decision to go to college? Please check all that apply:

- |                             |                        |                           |
|-----------------------------|------------------------|---------------------------|
| _____parent                 | _____friend            | _____case manager         |
| _____grandparent            | _____spouse or partner | _____neighbor             |
| _____sibling                | _____pastor/minister   | _____other support person |
| _____your child or children | _____social worker     |                           |

**\*STARS does not cover expenses that can be acquired through other organizations. Have you already applied for or received assistance from any of the following organizations? Please check all that apply:**

- |   |  |
|---|--|
| <input type="checkbox"/> Free or reduced lunch for school-aged children or food stamps          | <input type="checkbox"/> Promise Jobs  |
| <input type="checkbox"/> Iowa Department of Human Services (childcare, FIP, Title XIX-Title 19) | Are you receiving child care, rent assistance, food or clothing from any other organizations not listed here? please list them:_____ |
| <input type="checkbox"/> Catholic Charities   | _____  |
| <input type="checkbox"/> Section 8 Municipal Housing  | _____  |
| <input type="checkbox"/> Women’s shelter/other shelter  |  |

**How did you hear about the STARS Scholarship Program? Circle your response.**

At school	STARS Scholar: Name _____	Caseworker: Name _____	STARS flyer	Presentation
Newspaper	Website _____	STARS brochure	Other _____	

*\*Financial aid for college may consist of grants, loans and scholarships. Scholarships are free money from outside sources that do not have to be paid back. Scholarships may be awarded from a college or another organization.*

**To determine what grants, loans and scholarships you are eligible for, you will need to complete the Free Application for Federal Student Aid (FAFSA). You can access this online at <http://www.fafsa.ed.gov>. or call 322-8800 ext. 15 for help with this process.**

Have you filed a FAFSA yet? \_\_\_\_\_yes \_\_\_\_\_no

If yes, do you qualify for, or were you informed that you will be awarded, a Pell Grant? \_\_\_\_\_yes \_\_\_\_\_no  
(check with your college or check your Student Aid Report if you don't know the answer)

If you are *not* eligible or have not been awarded Pell monies, tell us why:\_\_\_\_\_

Have you applied for and been awarded any other scholarships for college? \_\_\_\_\_yes \_\_\_\_\_no

If you have won another scholarship (not from the college), please list the name(s) and amount(s) here:

\_\_\_\_\_, \$ \_\_\_\_\_

**V. CHILD CARE, TRANSPORTATION and OTHER EXPENSES TO BE CONSIDERED:**

Expenses for child care, transportation, supplies and books tend to be the most commonly requested funds from STARS recipients. STARS funds can also cover remedial classes, required uniforms or tools for your trade, student exam fees and other expenses. *If chosen for a STARS Scholarship, you may be required to provide more detailed information about your financial needs.* For now, please provide the following information:

**Child care**

How **many** custodial children in the household? \_\_\_\_\_

What are their ages? \_\_\_\_\_

Please describe your child care arrangements, if any, while you attend classes: \_\_\_\_\_

Name of primary child care provider: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of additional child care provider/back up care: \_\_\_\_\_

Please note: Child care expenses will be verified if you are chosen as a STARS scholar.

**Transportation**

Do you have a reliable method of transportation while enrolled in school? \_\_\_\_\_yes \_\_\_\_\_no

Please describe your transportation arrangements while you attend classes: \_\_\_\_\_

**VI. EMPLOYMENT**

If you are currently employed please complete this section:

Date hired	Name of <i>Current</i> Employer	Location	Position	Hourly Wage	Hours/Week

## **VII. YOUR GOALS and PLANS ESSAY (DO NOT FORGET THIS!!!)**

**We want to know more about you.** Please answer *the following questions in a one – two page essay.* The essay may be either typed (preferred) or hand written (one side only). **Please DO NOT put your name on the essay.**

Paragraph #1: **Describe in detail why you** decided to further your education and pursue a certificate or degree at this particular time in your life?

Paragraph #2: **Describe** your career goals Include the skills and/or qualities you possess that are necessary for this career, how it will help your family, and its job outlook.

Paragraph#3: **Describe how** you plan to pay for college and if chosen as a STARS scholar, how you will use the scholar's expense fund (e.g. books, supplies, uniforms, child care, transportation, etc.)?

Paragraph #4: **Describe** your plan for balancing your life while you are in school (being a parent, a student, an employee, etc.).

Paragraph #5: **Describe** any *special circumstances* that directly affect your financial need for school (i.e. recent divorce, job loss, medical bills, credit issues, or anything else).

Paragraph #6: **Describe** why you believe you should be chosen as a STARS Scholar.

## **VIII. 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.

**IX: COHORT EXPERIENCE:** As a STARS Scholar, you are part of a cohort and are expected to participate in bi-monthly seminars and events. The purpose of this cohort is to provide a network of support to help you as you face the challenges of attending school while raising a family. Child care is provided at no cost to you.

## **X: VERIFICATION/SIGNATURES:**

**STUDENTS: Please check all boxes as verification and sign your name.**

- I certify that the information in this application is true and accurate to the best of my knowledge.
- 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 STARS selection committee.
- I agree to provide my *class schedule*, documentation of *child care expenses*, proof of *employment*, information about *financial aid* and *college-related expenses* if chosen as a potential STARS scholar.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Thank you for your application!**

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