

STARS SCHOLARSHIP PROGRAM

Thank you for your interest in applying for the STARS college expense fund! STARS was created to assist parent students 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 support and the application process is competitive. Please do your best to answer the questions thoroughly and truthfully.

To be considered for funds, you must meet the deadline - no exceptions:

If you need funds for Spring Semester 2009, then the postmarked deadline is: December 5, 2008.

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

1. Are you a parent? _____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. Did you earn your diploma or GED at least two years ago? _____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

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 STARS 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
- Completed application form
- Student verifications and signature
- Copy of your most recent Student Aid Report. 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 712-322-8800 ext 15

I: ABOUT YOU:

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Cell Phone Number: _____

Email Address: _____

Do you stay anywhere else? If so, the address please: _____

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 evaluate the program. We hope that you will share this information, but it is not required.

Gender:

- Male
- Female

Ethnicity: (please check all that apply)

- Caucasian
- Latino/Latina
- African American
- Asian American
- American Indian
- Other (please list): _____

Birth Date: ____ / ____ / ____

ALL REMAINING QUESTIONS and INFORMATION ARE REQUIRED

II. Educational History:

If you graduated from high school, from which high school and when?

Name: _____ City and State: _____ Year: _____ GPA: _____

If you earned a GED, from what program or organization and when?

Name: _____ City and State: _____ Year: _____ Score: _____

III. ABOUT YOUR CHOSEN COLLEGE, PROGRAM and CAREER:

Are you currently enrolled in college or a certificate program? _____yes _____no
(e.g. have you started taking classes?)

Whether currently enrolled or planning ahead, where *will* you enroll next semester or next school year?

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? _____

What is your intended completion date? _____

IV. COMMUNITY and COLLEGE RESOURCES:

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

- | | | |
|---|--|---|
| <input type="checkbox"/> parent | <input type="checkbox"/> friend | <input type="checkbox"/> case manager |
| <input type="checkbox"/> grandparent | <input type="checkbox"/> spouse or partner | <input type="checkbox"/> neighbor |
| <input type="checkbox"/> sibling | <input type="checkbox"/> pastor/ minister | <input type="checkbox"/> other support person |
| <input type="checkbox"/> your child or children | <input type="checkbox"/> 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 <i>or</i> food stamps | <input type="checkbox"/> Pottawattamie Decategorization Committee |
| <input type="checkbox"/> Iowa Department of Human Services (childcare, FIP, Title XIX-Title 19) | <input type="checkbox"/> Promise Jobs |
| <input type="checkbox"/> Catholic Charities | Are you receiving child care, rent assistance, food or clothing from any other organizations not listed here? (please list them: _____) |
| <input type="checkbox"/> Even Start | _____ |
| <input type="checkbox"/> Women’s shelter/other shelter | _____) |

Please describe how or where you *first heard* about the STARS Program? (a presentation, a flier, in the news, through a caseworker, at your college, etc.) _____

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. Once completed, continue the application.

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 any private scholarships for college ? _____yes _____no

Have you been awarded any scholarships for college? _____yes _____no
(do not include grants or loans distributed through the college)

If you have won a private scholarship (not from the college), please list the name(s) and amounts 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 emergency expenses. *If chosen for a STARS college expense fund, you will 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 are *under the age of 18*? _____

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: STARS will only pay childcare expenses while you are attending class (plus travel time to and from campus). 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, or have been recently employed, please complete this section:

Dates (to/from)	Name of <i>Current</i> Employer	Location	Position	Hourly Wage	Hours a Week
Dates (to/from)	Name of <i>Previous</i> Employer	Location	Position	Hourly Wage	Hours a Week

VII. YOUR GOALS and PLANS

We want to know more about you. Please answer *the following questions in a one page essay*. The essay may be either typed or hand written and should include your name at the top of the paper.

Paragraph #1: **Why** did you decide to further your education and pursue a certificate or degree at this particular time in your life?

Paragraph #2: **What** are your career goals? Why did you choose this particular career? What skills and/or qualities do you have that are necessary for this career? How will this career help your family?

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

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

Paragraph #5: Please 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).

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 qualifies you for your chosen career.

IX: 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!

You will be notified within 45 days if you were selected as a STARS scholar.