

Applicant # _____

**STARS SCHOLARSHIP PROGRAM APPLICATION
FOR A BACCALAUREATE DEGREE**

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 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 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 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. Do you have or are you earning an Associate's degree? _____yes _____no
11. If you are in a baccalaureate program, have you been in it at least 2 years? _____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)
- Copy of official transcripts
- Essay
- Two letters 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

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:

Highest level of education completed: _____

Degree _____

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? _____ If not, what was your GPA when you finished school? _____

What school will you attend to earn your bachelor's degree? _____

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:

- | | | |
|---|--|---|
| <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 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	Am a STARS scholar

**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 two – three page essay.* The essay must be typed. **Please DO NOT put your name on the essay.**

- 1: **Describe in detail why you** decided to further your education and pursue a bachelor's degree at this particular time in your life?
- 2: **Describe** your career goals. Include the skills and/or qualities you possess that are necessary for this career.
- 3: **Explain** how a bachelor's degree is needed or advantageous for this particular career.
- 4: **How** will this career help your family?
- 5: **What** is the job outlook for this career in the metro area?
- 6: **Describe** your plan for balancing your life while you are in school (being a parent, a student, an employee, etc.).
- 7: **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.)?
- 8: **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).
- 9: **How** do you see yourself helping your community once you've received your degree?
- 10: **Describe** why you believe you should be chosen as a STARS Scholar for the baccalaureate program.

VIII. RECOMMENDATION

Please submit two letters 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 bachelor's degree. He/she *cannot* be a family member.
2. Each letter should be addressed to the STARS Scholarship Committee and ***must be included*** with the application.
3. Each 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 with other scholars working on a bachelor's degree and are expected to participate in 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!