



## COL. V. THOMAS CONSIDINE SCHOLARSHIP APPLICATION

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**APPLICATION DEADLINE: February 15**

**BACKGROUND:** The Col. V. Thomas Considine Scholarship is administered by the Siouxland Community Foundation headquartered in Sioux City, Iowa. This scholarship fund was established in 2001 by family and friends in loving memory of Col. V. Thomas Considine.

**PURPOSE:** The purpose of the scholarship program is to assist graduating high school seniors in their pursuit of a post-secondary education at a college/university or vocational/technical institute to obtain a trade, associate, or academic degree.

**ELIGIBILITY CRITERIA:** High school seniors who (1) are a member of the 185<sup>th</sup> Iowa Air National Guard; (2) have enlisted in the 185<sup>th</sup> Iowa Air National Guard prior to this scholarship application's due date of February 15; (3) are children or other legal dependents of a currently active member of the 185<sup>th</sup> Iowa Air National Guard unit headquartered in Sioux City, Iowa; or (4) are children or other legal dependents of a retired member of the 185<sup>th</sup>.

**SELECTION CRITERIA:** Selection of recipients is based on such factors as scholastic performance while in high school, school and/or community service activities, work history, essay evaluation, and recommendations.

**SCHOLARSHIP AWARD:** \$500, not renewable

**APPLICATION PROCEDURE:** Application must be received by the February 15 deadline. *If the deadline falls on a weekend or holiday, the deadline is the first working day after February 15.* Application must include the following:

- Completed application with signature
- Essay
- Two (2) recommendations
- High School Certification Form with official high school transcript
- Signed letter of eligibility from the 185<sup>th</sup> NCOIC Military Personnel Flight

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*Send application to:*

**COL. V. THOMAS CONSIDINE SCHOLARSHIP  
c/o SIOUXLAND COMMUNITY FOUNDATION  
505 FIFTH STREET, SUITE 412  
SIOUX CITY, IA 51101**

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Application questions - Call (712) 293-3303 or e-mail Foundation at [office@siouxlandcommunityfoundation.org](mailto:office@siouxlandcommunityfoundation.org)

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Colonel V. Thomas Considine started his military career in 1969 as a crew chief on F-100s at the 185<sup>th</sup> Iowa Air National Guard, Sioux City, Iowa. After three years as a crew chief, he was selected for pilot training. Colonel Considine received his commission and entered undergraduate pilot training at Laredo AFB, Texas in November 1972, graduating from Columbus AFB, MS in November 1973. He completed F-100 training in Tucson, Arizona and returned to the 185<sup>th</sup> in Sioux City to fly. Colonel Considine transitioned to the A-7D, then the F-16 in 1992. He served as a Command Pilot with over 3,000 hours in single engine fighters. His duties included: Squadron Intelligence Officer, Assistant Flight Commander, Flight Commander, Squadron Ops Officer, Chief of Training, and Vice Commander. He assumed the position of 185<sup>th</sup> Fighter Wing Commander on December 5, 1998, and served until losing his battle to cancer on August 18, 2001.

Colonel Considine received his BA degree in business from Briar Cliff College in Sioux City, Iowa, and his MBA from the University of South Dakota. He graduated from Armed Forces Staff College and Air War College. This scholarship has been established in order that his legacy at the 185<sup>th</sup> and commitment to achieving higher education continue for generations.

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# COL. V. THOMAS CONSIDINE SCHOLARSHIP

A Scholarship Program of the Siouxland Community Foundation

## SCHOLARSHIP APPLICATION

### APPLICANT

1. Name: \_\_\_\_\_  
Last First Middle
2. Home Address: \_\_\_\_\_  
Street City State Zip
3. Telephone: ( ) \_\_\_\_\_ 4. Social Security Number: \_\_\_\_\_
5. E-mail Address: \_\_\_\_\_
6. Applicant:  is a member of the 185<sup>th</sup> Iowa Air National Guard  
 has enlisted with the 185<sup>th</sup> Iowa Air National Guard prior to the date of this application  
 is a child or other legal dependent of a currently active member of the 185<sup>th</sup>  
 is a child or other legal dependent of a retired member of the 185<sup>th</sup>

### MILITARY BACKGROUND:

1. Military Sponsor Name: \_\_\_\_\_  
Last First Middle
2. Relationship to applicant: \_\_\_\_\_
3. Current Military Position/Title: \_\_\_\_\_ or Military Retirement Date: \_\_\_\_\_
4. Home Address, if different from applicant: \_\_\_\_\_  
Street City/State Zip
5. Telephone: ( ) \_\_\_\_\_

### SCHOOL DATA

1. Name of Present High School: \_\_\_\_\_  
Street City State Zip
2. High School Graduation Date: \_\_\_\_\_  
Month Year
3. Post-secondary school for which scholarship is requested: \_\_\_\_\_  
Street City State Zip
4. School is:  4 yr. college/university  2 yr. college  vocational/tech school  other
5. Enrollment:  full-time  part-time
6. Anticipated Major/Degree: \_\_\_\_\_

### APPLICANT PROFILE (For this and other such questions, use an additional sheet of paper if necessary.)

1. Academic Achievement: Your school transcript will contain a summary of subjects and grades. List below academic honors or awards you have received.

Honor/Award	Reason for Award	Year Awarded (Fr. Soph. Jr. Sr.)
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_____	_____	_____
_____	_____	_____

2. High School Activities: List below all activities (school and/or community) in which you have participated to a significant degree and to which you have made a positive contribution during high school years.

Activity	Position Held	Years of Participation (Fr. Soph. Jr. Sr.)
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_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Paid Work Experience (Full or Part-time): List below work experience during high school years.

Employer	Job Description	Dates	Hours Per Week
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4. Unusual Circumstances: Please report any family and/or personal circumstances/hardships which you think warrant consideration.

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**FINANCIAL INFORMATION**

1. Annual Family Income:  Under \$21,000     \$21,000-\$30,000     \$31,000-\$40,000     \$41,000-\$50,000  
 \$51,000-\$60,000     \$61,000-\$70,000     \$71,000-\$80,000     \$81,000-\$90,000     Over \$90,000

2. Total number of persons within the household (include parents, applicant, other dependents): \_\_\_\_\_

3. Number in household, including applicant, who will attend college **full-time** during upcoming academic year: \_\_\_\_\_

Estimate of Anticipated Annual Educational Expenses:		Anticipated Income To Meet Your Educational Expenses:		Requested or Applied for
		Assured		
Tuition & fees	\$ _____	Personal savings	\$ _____	\$ _____
Books & supplies	\$ _____	Family resources	\$ _____	\$ _____
Room & board	\$ _____	College financial aid	\$ _____	\$ _____
Personal expenses	\$ _____	Outside employment	\$ _____	\$ _____
Other _____	\$ _____	Military educational benefits	\$ _____	\$ _____
_____	\$ _____	Other scholarships (please list)	\$ _____	\$ _____
_____	\$ _____	_____	\$ _____	\$ _____
_____	\$ _____	_____	\$ _____	\$ _____
<b>Total</b>	\$ _____	<b>Total</b>	\$ _____	\$ _____
	=====		=====	=====

**ESSAY** - Please write an essay (not to exceed two typewritten, double-spaced pages) describing what it means to you personally to be associated with the 185<sup>th</sup> Iowa Air National Guard. If newly enlisted, describe your reasons for joining the unit. **Applications without an essay will not be considered.**

**LETTER OF ELIGIBILITY** - Applicants are required to obtain a signed letter of eligibility from the 185<sup>th</sup> NCOIC Military Personnel Flight to verify their military affiliation.

**LETTERS OF RECOMMENDATION** - Applicants are required to submit **two** recommendations, one from a high school teacher and one from any adult of your choice who is not a family member. Recommendation forms are provided and should be returned along with your application, essay, high school certification form, official high school transcript, and letter of eligibility. The Siouxland Community Foundation must receive all required application materials by the February 15 application deadline. *If the deadline falls on a weekend or holiday, the deadline is the first working day after February 15.*

**CERTIFICATION**

I certify that all information provided in this application is true and complete to the best of my knowledge.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

*Send your completed application to:*

Col. V. Thomas Considine Scholarship Program  
c/o Siouxland Community Foundation  
505 Fifth Street, Suite 412 • Sioux City, Iowa 51101  
(712) 293-3303

# COL. V. THOMAS CONSIDINE SCHOLARSHIP

A Scholarship Program of the Siouxland Community Foundation

## HIGH SCHOOL CERTIFICATION FORM

**Application Deadline: February 15**

To be completed by the applicant's high school principal or advisor/counselor. All supplementary materials must be securely attached to this form.

1. Name of applicant: \_\_\_\_\_
2. Name of high school: \_\_\_\_\_
3. Address of high school: \_\_\_\_\_  
Street City/State Zip
4. Entrance date of applicant at this high school: \_\_\_\_\_
5. Applicant will graduate on or about \_\_\_\_\_
6. At the close of the most recent term of the 12th year, the applicant ranked number \_\_\_\_ from the top in a class of \_\_\_\_  
(If school policy prohibits release of a specific class rank, indicate percentile ranking in class: \_\_\_\_\_%)
7. At the close of the most recent term of the 12th year, the applicant's cumulative grade point average was \_\_\_\_\_  
on a 4.0 scale.
8. **Please attach an official high school transcript to this certification form.**
9. If applicable, applicant's best ACT Score \_\_\_\_\_ SAT Score \_\_\_\_\_ **If the student has taken national achievement tests and scores from these have not been entered on the applicant's official high school transcript, please attach copies of these test scores to the transcript.**
10. In your opinion, has the student been working up to his/her true level of ability? YES \_\_\_\_\_ NO \_\_\_\_\_  
Please comment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. In your judgment, is this applicant adequately prepared for admission to college? YES \_\_\_\_\_ NO \_\_\_\_\_  
If not, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. Type of courses taken by the applicant (General, College Preparatory, Health Occupations, etc.): \_\_\_\_\_  
\_\_\_\_\_
13. On the reverse side of this form, please describe the applicant's character, ambition to succeed, academic and leadership abilities. Feel free to add any other information which you feel might assist the selection committee.

Name \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

Email \_\_\_\_\_

**Please place this completed form with official high school transcript in a sealed envelope and give it to the student for submission with his/her scholarship application.**

*Questions may be directed to the Siouxland Community Foundation at (712) 293-3303.*

# COL. V. THOMAS CONSIDINE SCHOLARSHIP

A Scholarship Program of the Siouxland Community Foundation

## APPLICANT RECOMMENDATION FORM

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**Application Deadline: February 15**

To be completed by a high school teacher or another adult (other than a family member). The person who fills out this form must be different from the person who fills out the High School Certification Form.

1. Name of Applicant: \_\_\_\_\_
2. How long have you known the applicant? \_\_\_\_\_
3. How are you acquainted with this applicant? \_\_\_\_\_
4. Please describe the applicant's character, ambition to succeed, academic and leadership abilities. (May use reverse side)

5. Please add any information which you feel might assist the selection committee. (May use reverse side if necessary)

Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please place this completed form in a sealed envelope and give it to the student for submission with his/her scholarship application.**

*Questions may be directed to the Siouxland Community Foundation at (712) 293-3303.*

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## APPLICANT RECOMMENDATION FORM

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4. Please describe the applicant's character, ambition to succeed, academic and leadership abilities. (May use reverse side)

5. Please add any information which you feel might assist the selection committee. (May use reverse side if necessary)

Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please place this completed form in a sealed envelope and give it to the student for submission with his/her scholarship application.**

*Questions may be directed to the Siouxland Community Foundation at (712) 293-3303.*