



FLIGHT CREW (UNITED 232) SCHOLARSHIP APPLICATION

APPLICATION DEADLINE: February 15

BACKGROUND: The Flight Crew (United 232) Scholarship program is administered by the Siouxland Community Foundation headquartered in Sioux City, Iowa. This scholarship fund was established by the flight crew of United 232 in appreciation of Siouxland's valiant rescue and recovery efforts during the aftermath of the United Airlines Flight 232 incident on July 19, 1989.

PURPOSE: The purpose of the scholarship program is to assist graduating high school seniors in their pursuit of a post-secondary education to prepare them for a career in the medical/health science field.

ELIGIBILITY CRITERIA: Applicants must be graduating high school seniors from a high school located within the Siouxland tri-state area (approximate 50-mile radius of Sioux City, Iowa). Applicants must be pursuing a career in the medical/health science field (i.e., nurse; physician; physician's assistant; radiological, medical, or surgical technologist; lab technician; physical or occupational therapist, etc.) at one of the following Sioux City, Iowa, post-secondary educational institutions: Briar Cliff University, Morningside College, Western Iowa Tech Community College, or St. Luke's College.

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

SCHOLARSHIP AWARD: minimum of \$1,000, 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

Send application to:
THE FLIGHT CREW (U232) SCHOLARSHIP PROGRAM
c/o SIOUXLAND COMMUNITY FOUNDATION
505 Fifth Street, Suite 412
SIOUX CITY, IA 51101

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

FLIGHT CREW (UNITED 232) SCHOLARSHIP PROGRAM

A Scholarship Program of the Siouxland Community Foundation

SCHOLARSHIP APPLICATION

Application Deadline: February 15

APPLICANT

1. Name: _____
Last First Middle
2. Home Address: _____
Street City State Zip
3. Telephone: () _____ 4. Social Security Number: _____
5. E-mail Address: _____
6. Names of Parents/Guardians: _____
7. Address, if different from applicant: _____
Street City/State Zip
8. Telephone, if different from applicant: () _____

SCHOOL DATA

1. Name of Present High School: _____
Street City State Zip
2. High School Graduation Date: _____
Month Year
3. Post-secondary institution for which scholarship is requested:
 Briar Cliff University Western Iowa Tech Community College
 Morningside College St. Luke's College
4. Enrollment: Full-time Part-time 5. Degree: 2 Year 4 Year
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.)
-------------	------------------	-------------------------------------

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.)	Recognition
----------	---------------	---	-------------

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

Employer	Job Description	Dates	Hours Per Week
----------	-----------------	-------	----------------

4. List volunteer or paid work experience in the medical/healthcare field during high school years:

Name of Business	Job Description	Dates	Hours Per Week
------------------	-----------------	-------	----------------

5. Unusual Circumstances: Please report any family and/or personal circumstances/hardships which you think warrant consideration.

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: _____

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

ESSAY

Please write an essay (not to exceed two typewritten, double-spaced pages) describing your educational plans as they relate to your personal aspirations and career goals in the medical/health science field. Include motivating factors or experiences which helped shape your personal philosophy and/or your educational plans/career goals. **Applications without an essay will not be considered.**

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, and official school transcript. 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:
 Flight Crew (U232) Scholarship Program
 c/o Siouxland Community Foundation, 505 Fifth Street, Suite 412, Sioux City, IA 51101
 (712) 293-3303

FLIGHT CREW (UNITED 232) SCHOLARSHIP PROGRAM

A Scholarship Program of the Siouxland Community Foundation

APPLICANT RECOMMENDATION FORM

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.

FLIGHT CREW (UNITED 232) SCHOLARSHIP PROGRAM

A Scholarship Program of the Siouxland Community Foundation

APPLICANT RECOMMENDATION FORM

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.