

BIM Scholarship Program

TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES

Completeness and neatness ensure your application will be reviewed properly.

Application postmark deadline May 1

FOR SCHOLARSHIP AMERICA USE ONLY

I.D. #	AA	PD	RIC/CS	GPA	SATV	SATM	ACTE	ACTM	TOTAL

APPLICANT DATA

Last Name _____ First _____ Middle Initial _____

Permanent Home Mailing Address _____ Apartment # _____

City _____ State _____ Zip Code _____

Telephone (_____) _____ E-mail Address _____

Social Security Number _____ Date of Birth: Month _____ Day _____ Year _____

Please indicate your status. (For statistical purposes only) Male Female

- American Indian /Alaska Native Black/African American Multi-Racial White
 Asian Hispanic/Latino Native Hawaiian/Pacific Islander

Are you (check one):

A person who was a full-time employee of B. I. Moyle Associates, Inc. of Edina, MN on July 26, 2001,

OR

A child or other direct or adopted descendent of a person who was a full-time employee of B. I. Moyle Associates, Inc. of Edina, MN on July 26, 2001,

Name of B. I. Moyle Associates, Inc. employee _____

Social Security Number _____

Relationship to Student _____

OR

A person who was employed on July 26, 2001 by a company that was a licensed user of B. I. Moyle Associates, Inc. products on July 26, 2001 and worked as a VSE programmer.

Name of Company _____ City _____ State _____

Position _____ Job Description _____

HIGH SCHOOL DATA

School Name _____ High School Graduation Date: Month _____ Year _____

City _____ State _____ Telephone (_____) _____

POST-SECONDARY SCHOOL DATA

Name of post-secondary school you plan to attend. (If unknown, please list in order of preference the schools to which you have applied.)
Use official school names. Do not use abbreviations.

_____ City _____ State _____

_____ City _____ State _____

4 yr. College or University 2 yr. Community or Junior College

Vocational-Technical School Other, explain _____

Will you be enrolled: Full-time Part-time (six credits or more)

Year in school **next** year: 1 2 3 4 5 or Graduate Study

Major or course of study: _____ Expected college graduation date: Month _____ Year _____

Degree sought: Bachelor Associate Certificate Other _____

Student will: live on campus live off campus commute from home

If school choice is a public institution, applicant will pay: in-state resident tuition out-of-state tuition

If space provided in any section is inadequate, you may continue on additional sheets of paper using the same format. DO NOT repeat information already reported on the application form. Your name, address and name of this scholarship program should be included on all attachments.

WORK EXPERIENCE

Describe your work experience during the **past four years**. Indicate dates of employment for each job and approximate **number of hours worked** each week. List amounts earned at each job.

Employer/Position	From - Mo/Yr	To - Mo/Yr	Hours per Week	Amount Earned

ACTIVITIES, AWARDS AND HONORS

List all school activities in which you have participated during the **past four years** (e.g., student government, music, sports, etc.). List all community activities in which you have participated without pay during the **past four years** (e.g., hospital volunteer, Community Theatre, Habitat for Humanity). Note all special awards, honors and offices held.

Activity	No. of Years Partic.	Special Awards, Honors	Offices Held	Activity	No. of Years Partic.	Special Awards, Honors	Offices Held

GOALS AND ASPIRATIONS

Make a brief statement or summary of your plans as they relate to your educational and career objectives and long-term goals.

UNUSUAL CIRCUMSTANCES

Please describe how and when any unusual family or personal circumstances have affected your achievement in school, work experience, or your participation in school and community activities.

FINANCIAL DATA

Instructions for this section are provided in the guidelines.

The student if independent or the student's parent(s) if student is dependent must complete this portion of the application. This data will be used only to distinguish between equally qualified applicants. Adjusted gross income and total federal income tax amounts should be from the most recently filed tax return.

- | | | | |
|---|----------|--|----------|
| 1. State of Residence | _____ | 6. Medical and Dental Expenses not paid by insurance (exclude premiums) | \$ _____ |
| 2. Adjusted Gross Income (FORM 1040) | \$ _____ | 7. Total Cash, Checking, Savings, and Cash Value of Stocks (exclude retirement plan funds, IRA, 401K) \$ | _____ |
| 3. Total Federal Tax Paid (FORM 1040) | \$ _____ | (Not the amount withheld from paychecks) | |
| 4. Total Income of <input type="checkbox"/> Student or <input type="checkbox"/> Father | \$ _____ | 8. Total number of family members living in the household and primarily supported by the reported income ...# | _____ |
| Total Income of <input type="checkbox"/> Spouse or <input type="checkbox"/> Mother | \$ _____ | 9. Marital status of <input type="checkbox"/> Student or <input type="checkbox"/> Parent: | |
| 5. Yearly Untaxed Income and Benefits: | | <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Single | |
| Please indicate source – | | 10. Total number of family members attending college at least half-time during the next school year, including applicant | # _____ |
| <input type="checkbox"/> Social Security <input type="checkbox"/> AFDC <input type="checkbox"/> Child Support | | | |
| <input type="checkbox"/> Other | \$ _____ | | |

OTHER AWARDS

Please list the name and annual amount of any grants or scholarships you have been awarded for the coming school year only.

Name of Award:	School to which award will be applied:	Amount:	Check One:
_____	_____	\$ _____	<input type="checkbox"/> Granted <input type="checkbox"/> Pending
_____	_____	\$ _____	<input type="checkbox"/> Granted <input type="checkbox"/> Pending

APPLICANT APPRAISAL (REQUIRED)

To the Applicant: This section is required and must be completed in the format provided. If incomplete, your application will not be evaluated. The section is to be completed by a high school or college counselor or advisor, an instructor, or a work supervisor who knows you well.

To the Adult Appraiser: You have been asked to provide information in support of this application. Please give immediate and serious attention to the following statements. When complete, please return to applicant. If you prefer, photocopy this section and return to applicant in a sealed envelope. A letter of recommendation does not replace this section.

The applicant's choice of a post-secondary educational program is	<input type="checkbox"/> extremely appropriate	<input type="checkbox"/> very appropriate	<input type="checkbox"/> moderately appropriate	<input type="checkbox"/> inappropriate
The applicant's achievements reflect his/her ability	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's ability to set realistic and attainable goals is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The quality of the applicant's commitment to school and/or community is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The applicant is able to seek, find, and use learning resources	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates curiosity and initiative	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates good problem-solving skills, follows through, and completes tasks	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's respect for self and others is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor

Comments: _____

Appraiser's Name _____ Title _____ Telephone (_____) _____
 Signature _____ Organization _____ Date _____

TRANSCRIPT INFORMATION

An official transcript of grades **must** be sent with this application. On-line transcripts and grade reports are not acceptable.

1. Students currently or previously enrolled in college, graduate school, or vocational-technical school must include all college, graduate school, or vo-tech transcripts of grades from each school attended. (Completion of this section is not necessary.)

2. High school seniors and students who have completed less than one full quarter or semester of post-secondary education must include a high school transcript of grades and have this section completed by the appropriate school official. **(A clear explanation of the school's grading scale must also be submitted.)**

Applicant ranks _____ in a class of _____	Cumulative Grade Point Average	PSAT		SAT 1		ACT	
	Weighted: _____/4.0 scale	Verbal	Math	Verbal	Math	English	Math
	Unweighted: _____/4.0 scale						

School Official's Signature _____ Date _____ Title _____ Telephone (_____) _____

School Official's Address: Street _____ City _____ State _____ Zip _____

APPLICATION CHECKLIST

The student is responsible for submitting all materials to Scholarship America on time. Incomplete applications will not be evaluated. This application becomes complete and valid only when Scholarship America has received all of the following materials:

- Student Application with completed Applicant Appraisal
- Current Complete Transcript(s) of Grades (including grading scale)
On-line transcripts are not acceptable.

All materials, including transcript, must be addressed to:

BIM Scholarship Program
 Scholarship Management Services, Scholarship America
 One Scholarship Way, P.O. Box 297
 Saint Peter, MN 56082

Postmark deadline May 1

CERTIFICATION

Scholarship America has the sole responsibility for selecting recipients based on criteria as set forth in the program's descriptive brochure. This application becomes the property of Scholarship America. (It is recommended that you keep a copy for your files.)

I acknowledge decisions of Scholarship America are final. I certify that I meet the basic eligibility requirements of the program as described in the brochure, that I am not a beneficiary in Ben Moyle's will, and that the information provided is complete and accurate to the best of my knowledge. If requested, I agree to provide proof of information I have given on this form, including a copy of my U.S. Income Tax Return. Falsification of information may result in termination of any scholarship granted.

Applicant's Signature _____ Date _____

Parent's Signature (if child of BIM employee) _____ Date _____