



ONEIDA SCHOLARSHIP FUND
GRANT APPLICATION FORM

Please complete the application form and submit it with at least two recommendation forms, most current high school or post secondary transcripts and proof of income to:
Keystone Community Services, Attn: Oneida Scholarship Committee, 265 Oneida Street, Saint Paul, MN, 55102.

All material should be neatly printed or typed. Incomplete applications will not be considered. Applications are not complete until recommendation forms, transcripts and proof of income have been received. **Applications, recommendation forms, transcripts and proof of income must be postmarked no later than June 15, 2021.**

STUDENT DATA

1. Name:

Last

First

Middle

2. Home Address:

Street

City

State

Zip

3. Telephone Number: (____) _____ 4. Date of Birth _____

Area Code

Number

5. Email Address: _____

FINANCIAL DATA

3. Total Annual Household Income: _____

2. Number of total people living in the household: _____

EDUCATION PROGRAM DATA

1. Type of program you will be using the grant for (undergraduate programs only):

____ Baccalaureate (BA/BS) ____ Associate Degree (AA)
____ Training Program (describe) _____

2. School or Program Name and Address:

Name

Street

City

State

Zip

3. You must be currently accepted and enrolled in a program for 2020-21.
Are you currently enrolled? (Circle one) YES NO

4. Program Completion Date: _____

Month

Year

5. Area of study/training is _____

6. Please describe how you will use this grant. Attach additional sheets if necessary.

7. Please describe your educational goals and what influenced you in setting these goals. Attach additional sheets if necessary.

8. How are you currently involved in your community and how do you currently contribute to community? *Consider community in its broadest sense. This could be a geographic community but it could also be a community of school, faith, culture, etc.* Attach additional sheets if necessary.

9. How will accomplishing your educational goals enable you to further contribute to a community?

10. Are there any special circumstances which affect your ability to complete your education/training program and produce higher need for assistance? Attach additional sheets if necessary.

11. Are you related to any staff person or Board member of Keystone Community Services?

(Circle one) YES NO Who _____

Please send the completed Application Form, a current transcript from the program you are attending and proof of income to:

Keystone Community Services Phone: 651-645-0349
Attn: Oneida Scholarship Fax: 651-645-8057
265 Oneida Street Email: info@keystoneservices.org
Saint Paul, MN 55102

Please instruct those who are writing your TWO letters of recommendation to mail or email them directly to the same address by the due date.



**KEYSTONE COMMUNITY SERVICES
ONEIDA SCHOLARSHIP FUND
GRANT RECOMMENDATION FORM**

Student's Name: _____

In your recommendation of the above named student, please consider that the following items will be evaluated by the Selection Committee: quality of academic/skilled work; contributions within the community; educational goals and post-education plans, and any special circumstances affecting this student's completion of their education. Attach additional sheets if necessary. Applications will not be considered complete until recommendation forms are submitted.

How long have you known the applicant? _____

Signature _____ Printed Name _____

Telephone _____ Email _____ Position _____

Address _____

Please mail the completed recommendation form to: Keystone Community Services, Attn: Oneida Scholarship Committee, 265 Oneida Street, Saint Paul, MN 55102 postmarked no later than June 15, 2021 or email to info@keystoneservices.org.



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THE ONEIDA SCHOLARSHIP FUND
GRANT RECOMMENDATION FORM**

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