



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, 2000 St. Anthony Ave, Saint Paul, MN, 55104.

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 30, 2022.

STUDENT DATA

1. Name:

Last First Middle

2. Home Address:

Street City State Zip

3. Telephone Number: () Area Code Number 4. Date of Birth

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
2000 St. Anthony Ave	Email: info@keystoneservices.org
Saint Paul, MN 55104	

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.

