![Keystone Community Services logo]

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 July 14, 2023.**

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 2023-04.
    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.

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

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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.

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

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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.

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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.

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.

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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, 2000 St. Anthony Ave, Saint Paul, MN 55104 postmarked no later than July 14, 2023 or email to info@keystoneservices.org.

KEYSTONE COMMUNITY SERVICES
THE 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.

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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, 2000 St. Anthony Ave, Saint Paul, MN 55104 postmarked no later than July 14, 2023 or email to info@keystoneservices.org.