

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 28, 2024.**

	'UDENT DATA Name:				
	Last First		Middle		
2.	Home Address:				
	Street	City	St	ate	Zip
3.	Telephone Number: () Area Code		_ 4. Date of Bir	th	
5.	Email Address:				
FI	NANCIAL DATA				
3.	Total Annual Household Income:				
2.	Number of total people living in the h	ousehold:			
ED	DUCATION PROGRAM DATA				
1.	Type of program you will be using the	e grant for (undergrad	uate programs on	ıly):	
	Baccalaureate (BA/BS) Training Program (describe)				
2.	School or Program Name and Addres	s:			
	Name				
	Street	City	State	Zip	
	You must be currently accepted and a Are you currently enrolled? (Circle on		for 2023-04. YES	NO	
4.	Program Completion Date:				
	Mo	nth Yo	ear		

5. Al	ea of study/training is
6. Pl	ease describe how you will use this grant. Attach additional sheets if necessary.
	ease describe your educational goals and what influenced you in setting these goals. Attach ional sheets if necessary.
со	ow are you currently involved in your community and how do you currently contribute to mmunity? Consider community in its broadest sense. This could be a geographic community but uld also be a community of school, faith, culture, etc. Attach additional sheets if necessary.

9. How w	vill accomp	olishing your edu	cational goals e	enable you t	o further contribute to a commun	ity?
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					cy to complete your education/traditional sheets if necessary.	aining
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11. Are y	ou related	l to any staff pers	on or Board me	ember of Ke	ystone Community Services?	
(Circle	e one)	YES	NO	Who	. <u></u>	
		e completed are attending			a current transcript fron ne to:	n the
	Keystone Community Services			651-645-0349		
)neida Schola St. Anthony Ar	-	Fax:	651-645-8057	
		St. Anthony Av Paul, MN 551		Ellidil:	info@keystoneservices.org	

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

Address			
Telephone	Email	Position	
Signature		Printed Name	
How long have you l	known the applicant?		
evaluated by the Sele community; education student's completion	ection Committee: quality onal goals and post-educati	cudent, please consider that the follow of academic/skilled work; contribution on plans, and any special circumstance additional sheets if necessary. Applications are submitted.	ns within the es affecting this
Student's Name:			

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 June 28, 2024 or email to info@keystoneservices.org.



KEYSTONE COMMUNITY SERVICES THE ONEIDA SCHOLARSHIP FUND GRANT RECOMMENDATION FORM

Student's Name:			
evaluated by the Selecommunity; education student's completion	ection Committee: quality onal goals and post-educa	student, please consider that the following of academic/skilled work; contributions ation plans, and any special circumstances ch additional sheets if necessary. Applicatorms are submitted.	within the saffecting this
How long have you	known the applicant?		
Signature		Printed Name	
Telephone	Email	Position	
Address			

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