



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.**

**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.**



