



**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, St. 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 9, 2025.**

**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.

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? \_\_\_\_\_

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Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

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Telephone \_\_\_\_\_ Email \_\_\_\_\_ Position \_\_\_\_\_

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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 June 9, 2025 or email to [info@keystoneservices.org](mailto: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? \_\_\_\_\_

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Signature Printed Name

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Telephone Email Position

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Address

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