

The Power, Strength, and Wisdom Scholarship Application

All information obtained from this application will be held in strict confidence and will only be used for the purposes of selecting eligible recipients of the Scholarship.

The IRCONU and Selection Committee will consider each eligible application without regard to Race, Color, Sex, Age, Sexual Orientation, Gender Identity, Religion, National or Ethnic Origin.

- * Must live within the Imperial Rainbow Court of Northern Utah Boundaries.
- * Must be actively enrolled and starting classes within 6 months.
- * Disbursement will only be sent to the institution or your loan servicer.
- *Recipients qualify for assistance once every 12 months.

Name: _____ Student ID # (if applicable) _____

Residential Address: _____
(No PO Box)

Phone: _____ Email Address: _____

To which accredited College, University, Trade, or Vocational School, have you been accepted to, or are currently enrolled in? _____

Schooling dates:

_____/_____/_____ through ____/____/_____
Month Year Month Year

Area of Study (Optional): _____

Educational Background:

Do you currently have a:	High School Diploma	Y	N
	General Education Degree (GED)	Y	N
	Other degree(s) (if yes, list below)	Y	N

<u>Degree</u>	<u>Granting Institution</u>	<u>Degree Date</u>
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List any activities or volunteer work experience that you feel are important:

List any awards or honors you have received: (School, Civic, Community)

List any specialized training, courses, or workshops you have completed:

Statement of financial need: (required information)

What is the amount of your request during the period of your schooling? \$_____

Date funds needed? _____

Additional information

On an attached sheet please provide any additional information regarding your background, goals, aspirations, accomplishments, dreams, hopes, and other information that you think would help the review committee evaluate your request.

I have read and understand the criteria of eligibility and the method of selection regarding the Power, Strength, and Wisdom Scholarship. I understand that if I am the recipient of this scholarship that my name may be published in local news publications, and could be announced at events publicizing the scholarship.

*Please initial here if you would prefer **not** to have your name publicized: _____

Applicant Signature: _____ Date: _____

Please mail your application to:
IRCONU Attn: Scholarship
P.O. Box 3131 Ogden, UT. 84409

Or email to president@IRCONU.org

*******IRCONU USE ONLY*******

Application: _____ Approved / Denied _____ Date: _____

Approved Amount: \$ _____