

# 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.**

**\* Recipient will only be allowed to apply once in a 12 month period.**

Name: \_\_\_\_\_ Student ID # (if applicable) \_\_\_\_\_

Permanent  
Address:

\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

Enrollment Status: FT \_\_\_\_\_ PT \_\_\_\_\_

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:

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

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

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**Statement of financial need: (required information)**

What is the anticipated financial need during the period of your schooling? \_\_\_\_\_

During the next academic period? \_\_\_\_\_

Period in which you anticipate the need for financial aid:

Start date:

Anticipated graduation date:

\_\_\_\_\_/\_\_\_\_\_  
Month      Year

\_\_\_\_\_/\_\_\_\_\_  
Month      Year

**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 intial here if you would prefer **not** to have your name publicized: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**Or email to [president@IRCONU.org](mailto:president@IRCONU.org)**

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

Application:                      Approved / Denied                      Date: \_\_\_\_\_

Approved Amount:    \$ \_\_\_\_\_