



Scholarship Application

Return completed application and required attachments.

Legal Name:			
Last	First	Middle	
Home Address:			
City	State	Zip	County
Permanent Address: (street and apt.)			
College Name and Address:			
City	State	Zip	County
Home Phone () _____--_____ Cell Phone () _____--_____ Work Phone () _____--_____			
Email Address _____			
Date of Birth: Month _____ Day _____ Year _____			
Social Security Number: _____			
<i>(I am voluntarily providing on this form my social security number with the understanding that it will be used only as a personal identifier for the internal record keeping and data processing operations of IAK.)</i>			
Marital Status: ___Single ___Married ___Divorced ___Widowed			
Ethnic Group/Race:			
<i>Please check one, used for IAK reporting purpose.</i>			
<input type="checkbox"/> American Indian or Alaskan Native		<input type="checkbox"/> Black – Non Hispanic Origin	
<input type="checkbox"/> Asian or Pacific Islander		<input type="checkbox"/> Hispanic	
<input type="checkbox"/> Caucasian		<input type="checkbox"/> Other	
Are you a high school graduate? ___yes ___no			
If yes, provide name and address of high school:			
If no, anticipated date of graduation, name and address of high school:			

Children/Dependents

Name:
Date of Birth:
School name and address:

Name:
Date of Birth:
School name and address:

Name:
Date of Birth:
School name and address:

Name:
Date of Birth:
School name and address:

Name:
Date of Birth:
School name and address:

Are you currently attending college? ____yes ____no

What college/university/school are you attending or plan to attend?

Course of study:

Anticipated graduation date:

Estimated amount of tuition per year:

Have you been awarded any other scholarships or grants? ____yes ____no
If yes, describe and specify amount:

Have you applied for other scholarships or grants? ____yes ____no
Which ones?

Have you been approved or applied for a student loan? ____yes ____no
If yes, describe and specify amount:

Please note: For your application to be considered, all of the requested information must be submitted. Please attach a separate sheet if necessary.

Outline your work experience including periods of employment, duties, earnings and performance awards.

Employer	Dates	Hourly Wage	Duties/Awards

Specify your anticipated financial expenses for the coming year:

Tuition	\$
Books/Fees	\$
Mortgage/Rent	\$
Living Expenses	\$
Other, Please Explain	\$
Total Expenses for the year	\$

Specify your financial income for the coming year:

Total Savings	\$	How much will be used this year?	\$
Student Loans ____ Annually	\$		
Parents' Yearly Contribution	\$		
____ Annually ____ Total Amount	\$		
Other, Please Explain:	\$		
Anticipated Earnings While in College	\$		
Total Income for Year	\$		

Do you plan to work in college? ____yes ____no

How do you plan to cover any shortfall between income and expenses?

Other family or special circumstances that should be considered:

Outline your involvement in the community and participation in extracurricular activities, including dates/years of involvement.

Activity	Dates	Duties/Awards

ESSAY

1. On a separate sheet of paper, please describe your goals, aspirations, college and career plans in 250-500 words.

2. On a separate sheet of paper, explain why you are interested in obtaining an Infinite Acts of Kindness scholarship and how this will impact your long term goals.

Checklist:

I have included the following items with my application:

- ___ Responses to the two essay questions
- ___ Attach official college or vocational technical transcript of grades for all prior courses taken, if applicable
- ___ Proof of current enrollment or acceptance letter from academic institution
- ___ Two letters of recommendation (one personal and one professional)
- ___ Photo of applicant
- ___ Completed Scholarship Application, including signature and date

All applications and attachments should be sent to:

**Infinite Acts of Kindness
P.O. Box 151
Sealston, VA 22547
ATTN: Scholarship Committee**

I certify that this application is true and correct to the best of my knowledge. I will notify Infinite Acts of Kindness if my financial status changes.

Signature _____

Date _____

FOR OFFICE USE ONLY

Date received: _____ Date Processed: _____

Amount Awarded: _____

Approved By: _____

Date Notified: _____