

Iowa Amputee Scholarship Application

First Time Applicants:

Submit a completed application by May 1st of the award year. The applicant must include a transcript (high school or college), a personal resume, two letters of reference and a statement (100 words or less) concerning their intent to continue their education.

Please print or type

Name: _____
Last First Middle

Address: _____
_____ City State Zip Telephone

School attending or graduate from: _____

Located at: _____

Years attended above school: _____ Highest grade completed: _____

Number of students in graduating class: _____

Applicant's rank in class: _____

Extracurricular activities (school, church, community, volunteer, etc.)

Honors received (High school/Post-secondary)

Hobbies/Interests: _____

Name of college accepted at: _____

City State Zip

Course of Study: _____

Number of years in course of study: _____

Parents' Name: _____

Address: _____

City State Zip

To meet the qualifications of the Amputee Golf Scholarship, please check A or B indicating how you qualify:

A _____ I am an amputee

B _____ I am a family member of an amputee

If B, what family member: _____

If already attending a post-secondary institute, please complete the following:

Name of institute: _____

Location: _____

Major: _____

Year in school: _____ Current GPA: _____

Signature of applicant Date

Mail To: Kacie Monroe
3555 Willowood Ave
Marion, IA 52302

Must be received by May 1st