

# Iowa Amputee Scholarship Re-application

Re-applicants:

Submit a completed application by May 1st of the award year. The applicant does not need to 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

Name of institute: \_\_\_\_\_

Location: \_\_\_\_\_

Major: \_\_\_\_\_

Year in school: \_\_\_\_\_ Current GPA: \_\_\_\_\_

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

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

Honors received (High school/Post-secondary)

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

Hobbies/Interests: \_\_\_\_\_

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

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: \_\_\_\_\_

\_\_\_\_\_  
Signature of applicant Date

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

Must be received by May 1st