



## Iowa Amputee Scholarship Application

### *First Time Applicants:*

*Submit a completed application by June 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. The applicant must maintain a 2.5 GPA on a 4.0 scale.*

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: \_\_\_\_\_  
\_\_\_\_\_

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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 \_\_\_\_\_

E-mail application to:

Nick Ackerman  
nicka@apoinc.com

Must be received by June 1st