

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 ty	ре							
Name:								
·	Last		First	Middle				
Address:								
	City	State	Zip	Telephone				
School attending or graduate from:								
Located at:								
Years attend	ed above school:		Highest grade compl	eted:				
Number of students in graduating class:								
Applicant's rank in class:								
Extracurricular activities (school, church, community, volunteer, etc.)								

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Honors received (High school/Post-secondary)								
,								
Hobbies/Interests:								

Name of coll	ege accepted at	**************************************			
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City		State	Zip		
Course of Stu	ıdy:				
Number of y	ears in course of	f study:			
Parents' Nan	ne:				
Address:					
City		State	Zip		
	qualifications of w you qualify:	the Amputee Golf	f Scholarship, please check A or B		
А	I am	an amputee			
В	I am	I am a family member of an amputee			
	If B, what fam	ilv member:			
	n D ₁ What lam	ily mombor.			
If already att	ending a post-se	econdary institute.	please complete the following:		
-	tata.	·			
Name of inst	e:				
Location:					
Major:					
Year	n school:		Current GPA:		
Signature of app	licant		Date		
E-mail applic					
	Nick Ackerma				
		hanger.com			
	Must be receive	ea by June 1st			