



National Vision College Scholarship Program

TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES

Completeness and neatness ensure your application will be reviewed properly.

Application postmark deadline February 15

FOR SCHOLARSHIP AMERICA USE ONLY

I.D. #	AA	PD	RIC/CS	GPA	SATRW	SATM	ACTC	SP1	TOTAL

APPLICANT DATA

Last Name _____ First _____ Middle Initial _____

Permanent Home _____

Mailing Address _____ Apartment # _____

City _____ State _____ Zip Code _____

Telephone (_____) _____ Date of Birth: Month _____ Day _____ Year _____

E-mail Address (required for notification) _____

Please indicate your status. (For statistical purposes only) Male Female

American Indian/Alaska Native Black/African American Multi-Racial White

Asian Hispanic/Latino Native Hawaiian/Pacific Islander

ASSOCIATE PARENT OR GUARDIAN INFORMATION

Last Name _____ First _____ Middle Initial _____

NVID# _____ Telephone (_____) _____

E-mail Address _____ Date of Hire: Month _____ Day _____ Year _____

Job Title _____ Department or Store Number _____

Work Location City _____ Work Location State _____

Relationship to Applicant _____ The applicant is a dependent of the Associate Yes No

HIGH SCHOOL DATA

School Name _____ High School Graduation Date: Month _____ Year _____

City _____ State _____ Telephone (_____) _____

POST-SECONDARY SCHOOL DATA

Name of post-secondary school you plan to attend. (If unknown, please list in order of preference the schools to which you have applied.) Use official school names. Do **not** use abbreviations.

_____ City _____ State _____

_____ City _____ State _____

4 yr. College or University 2 yr. Community or Junior College

Other, explain _____

Year in school next year: 1 Other, explain _____

Major or course of study _____ Expected college graduation date: Month _____ Year _____

Degree sought: Bachelor Associate Certificate Other _____

Sending a resumé does not replace any part of this application. If space provided in any section is inadequate, you may continue on additional sheets. Attachments must follow the same format. DO NOT repeat information already reported on the application form. Your name, address and name of this scholarship program should be included on all attachments.

WORK EXPERIENCE

Describe your work experience during the **past four years** (e.g., food server, babysitting, lawn mowing, office work). Indicate dates of employment for each job and approximate **number of hours worked** each week. List amounts earned at each job.

Employer/Position	From - Mo/Yr	To - Mo/Yr	Hours per Week	Were you paid for your work?
				YES / NO
				YES / NO
				YES / NO
				YES / NO
				YES / NO
				YES / NO
				YES / NO

ACTIVITIES, AWARDS AND HONORS

List all school activities in which you have participated during the **past four years** (e.g., student government, music, sports, etc.). List all community activities in which you have participated without pay during the **past four years** (e.g., Boy/Girl Scouts, hospital volunteer, Special Olympics). Note all special awards, honors and offices held.

Activity	No. of Years Partic.	Special Awards, Honors	Offices Held	Activity	No. of Years Partic.	Special Awards, Honors	Offices Held

GOALS AND ASPIRATIONS

Make a brief statement or summary of your plans as they relate to your educational and career objectives and long-term goals.

UNUSUAL CIRCUMSTANCES

Please describe how and when any unusual family or personal circumstances have affected your achievement in school, work experience, or your participation in school and community activities.

APPLICANT APPRAISAL (REQUIRED)

To the Applicant: This section is required and must be completed in the format provided. If incomplete, your application will not be evaluated. The section is to be completed by a high school counselor or advisor, an instructor, or a work supervisor who knows you well.
To the Adult Appraiser: You have been asked to provide information in support of this application. Please give immediate and serious attention to the following statements. When complete, please return to applicant. If you prefer, photocopy this section and return to applicant in a sealed envelope. A letter of recommendation does not replace this section.

The applicant's choice of a post-secondary educational program is	<input type="checkbox"/> extremely appropriate	<input type="checkbox"/> very appropriate	<input type="checkbox"/> moderately appropriate	<input type="checkbox"/> inappropriate
The applicant's achievements reflect his/her ability	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's ability to set realistic and attainable goals is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The quality of the applicant's commitment to school and/or community is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The applicant is able to seek, find, and use learning resources	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates curiosity and initiative	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates good problem-solving skills, follows through, and completes tasks	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's respect for self and others is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor

Comments: _____

Appraiser's Name _____ Title _____ Telephone (_____) _____
 Signature _____ Organization _____ Date _____

TRANSCRIPT INFORMATION

An **official transcript** of grades **must** be sent with this application. (Transcripts are accepted, including on-line transcripts. Grade reports are not acceptable.)

Students must include a high school transcript of grades **and** have this section completed by the appropriate school official. **(A clear explanation of the high school's grading scale must also be submitted.)**

Applicant ranks _____ in a class of _____	Cumulative Grade Point Average	SAT		ACT				
	Weighted: _____/4.0 scale	Evidence-Based Reading & Writing	Math	English	Math	Reading	Science	Composite
	Unweighted: _____/4.0 scale							

School Official's Signature _____ Date _____ Title _____ Telephone (_____) _____

School Official's Address: Street _____ City _____ State _____ Zip _____

APPLICATION CHECKLIST

The student is responsible for submitting all materials to Scholarship America on time. Incomplete applications will not be evaluated. This application becomes complete and valid only when you have submitted all of the following materials:

- Student Application with completed Applicant Appraisal
- Current Complete Transcript(s) of Grades (including grading scale)

All materials, including transcript, must be addressed to:
National Vision College Scholarship Program
 Scholarship America
 One Scholarship Way
 Saint Peter, MN 56082

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CERTIFICATION

Scholarship America has the sole responsibility for selecting recipients based on criteria as set forth in the program's descriptive brochure. This application becomes the property of Scholarship America. (It is recommended that you keep a copy for your files.)

I acknowledge decisions of Scholarship America are final. I certify that I meet the basic eligibility requirements of the program as described in the brochure and that the information provided is complete and accurate to the best of my knowledge. If requested, I agree to provide proof of information I have given on this form. Falsification of information may result in termination of any scholarship granted.

Applicant's Signature _____ Date _____

Associate's Signature _____ Date _____