

Applicant # _____

**STARS SCHOLARSHIP PROGRAM APPLICATION
FOR AN ASSOCIATE’S DEGREE, LICENSE OR CERTIFICATION**

Thank you for your interest in applying for the STARS Scholarship Program! STARS was created to assist students, who are parents, with college expenses that fall outside of most financial aid packages. The program is designed for Pottawattamie County residents that are low-income, full-time students pursuing a certificate, license or associate’s (2-year) degree at an accredited or approved school. Completing a STARS application is *not* a guarantee of acceptance. This scholarship is becoming highly competitive. Please do your best to answer the questions thoroughly and truthfully.

**To be considered for this scholarship, you must meet the deadline – no exceptions:
Deadline for the 2017/2018 school year is Friday, September 15th, 2017 at 3 PM
Scholarship amount = \$ 2000.00 (\$1000 every 6 months)**

STEP 1: Confirm your eligibility. PLEASE VERIFY YOUR ELIGIBILITY BY ANSWERING YES OR NO TO EACH QUESTION:

1. Are you a parent of one or more children under the age of 18 or who can still be claimed as a dependent on your income taxes? _____yes _____no
 - a. IF you are a *single* parent, are you the custodial parent?
_____yes _____no (skip this question if you are *not* a single parent)
2. Are you a U.S. citizen? _____yes _____no
3. Are you a Pottawattamie County resident? _____yes _____no
4. Will you reside in Pottawattamie County while in school? _____yes _____no
5. Did you earn a high school diploma, HiSET or GED? _____yes _____no
6. Are you, or will you be, a FULL-TIME student in school? _____yes _____no
7. Does your income qualify you for a Pell Grant or your family for public assistance, free/reduced school lunch, or other income-based programs? _____yes _____no
Note: Income will be verified as part of the application process.
8. Is your intended career or major likely to increase your family income? _____yes _____no

STEP 2: If you answered “YES” to each question, please continue. If you answered “NO” to any question, then you may not be *eligible* for the STARS program. If you have difficulty determining your eligibility, then call Brenda Moran, STARS Program Director at 712-322-8800 ext 5.

STEP 3: If you are eligible, please complete the application and provide all requested material.

STEP 4: Review your application, to make sure it is complete, using this checklist:

- Completed cover sheet (this page)
- Completed application form
- Student verifications and signature (page 4)
- Copy of your most recent Student Aid Report or financial aid award letter from your school. You will receive this after you’ve completed filling out a FAFSA Application (Free Application for Federal Student Aid) If you have not yet received this, contact the STARS Program Director.
- The essay
- One letter of recommendation from an instructor, professor, employer, supervisor, minister, caseworker or other affiliated community member (NOT a family member).

STEP 5: Submit this cover sheet, your application and requested materials by the postmarked deadline to:

**STARS Scholarship Committee
300 W. Broadway, Suite 212
Council Bluffs, IA 51503**

Questions? Call Brenda Moran, Program Director at 712-322-8800 ext 5

STARS Application Cover Page

I. ABOUT YOU:

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Cell Phone Number: _____

Email Address: _____

Optional Personal Information: Answering gender, birthdate and ethnicity questions will not affect your application positively or negatively but will help STARS improve its outreach efforts and evaluation of the program. We hope that you will share this information. Please circle your response.

Gender	Ethnicity	Status	# Children
Female	Caucasian	Single	1
Male	Latino/Latina	Married	2
	African American	Divorced	3
	Native American	Separated	4
	Other	Widowed	5
			6+

Birthdate _____ Did either of your parents graduate from college?

II. Educational History:

Circle which degree you received: High School Diploma HiSET/GED

Name of school: _____ City and State: _____ Year: _____

III. ABOUT YOUR CHOSEN COLLEGE, PROGRAM and CAREER:

Are you currently enrolled in college or a certificate program? _____yes _____no

If yes, what is your present grade point average? _____

Circle the school you will attend or are attending:

IWCC	Bellevue	MCC	EQ Hair Design	UNO	Other _____
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What is your start date, or if you're presently a student, when did you begin? _____

What major or program do you intend to complete? _____

When will you/do you plan to graduate? _____

Have you applied for the STARS Scholarship before? _____yes _____no

How did you hear about the STARS Scholarship Program? Circle your response.

At school	STARS Scholar: Name _____	Caseworker: Name _____	STARS flyer	Presentation
Newspaper	Website	STARS brochure	Other	

**Financial aid for college may consist of grants, loans and scholarships. Scholarships are free money from outside sources that do not have to be paid back. Scholarships may be awarded from a college or another organization.*

To determine what grants, loans and scholarships you are eligible for, you will need to complete the Free Application for Federal Student Aid (FAFSA). You can access this online at <http://www.fafsa.ed.gov>, or call 322-8800 ext. 5 for help with this process.

Have you filed a FAFSA yet? _____yes _____no

If yes, do you qualify for, or were you informed that you will be awarded, a Pell Grant? _____yes _____no
(check with your college or check your Student Aid Report if you don't know the answer)

If you are *not* eligible or have not been awarded Pell monies, tell us why: _____

If presently attending school, have you received any awards or honors? _____
If yes, what are they?

Do you belong to any professional or school organizations? _____
Please list

Do you have a job? _____, If yes, where? _____

What is your job title? _____

VII. YOUR GOALS and PLANS ESSAY (DO NOT FORGET THIS!!!)

We want to know more about you. Please answer *the following questions in a one – two page essay.* The essay may be either typed (preferred) or hand written (one side only). **Please DO NOT put your name on the essay.**

In writing the essay, we want you to consider why you've chosen a particular career path. Are there jobs available in this field? Is it the type of career that you can earn enough to support your family? How much schooling will you need? Are the classes you need to take ones that interest you? You can answer these questions by checking out the school's academic programs on its website. You can also learn the job outlook for your chosen career by checking the Bureau of Labor statistics at <http://www.bls.gov>. Use the information you learn from these or other sources as your supporting research for paragraph 2.

Paragraph #1: **Describe in detail why you** decided to further your education and pursue a certificate, license or degree at this particular time in your life?

Paragraph #2: **Describe your career goals.** Include research to show the employment outlook and educational requirements for your area of study. (e.g. **U.S. News and World Reports lists nursing as one of the top career choices for the next decade.**) (e.g. **Iowa Western recommends “students begin their nursing education by first enrolling in the Practical Nursing program before moving on to the Associate Degree Nursing program.”**) Next, include the skills and/or qualities you possess that are necessary for this career. Finally, tell how this career choice will help your family.

Paragraph#3: **Describe how** you plan to pay for college and if chosen as a STARS scholar, how you will use the scholar's expense fund (e.g. books, supplies, uniforms, child care, transportation, etc.)? Include what resources you have available in case of a financial emergency (e.g. Your car breaks down, how will you get it fixed and/or get to school?)

Paragraph #4: **Describe** your plan for balancing your life while you are in school (being a parent, a student, an employee, etc.).

Paragraph #5: **Describe** any *special circumstances* that directly affect your financial need for school (i.e. recent divorce, job loss, medical bills, credit issues, or anything else) and/or why you believe you should be chosen as a STARS Scholar.

Please contact Brenda Moran, Program Director, at 322-8800 ext. 5 if you have any questions concerning the essay.

IMPORTANT: PLEASE READ

The essay is the major piece of information used by the committee to determine your selection. Below is a list of the areas the committee uses to evaluate the essay. Please take time to ensure that it adequately includes each of the areas. It is also a good idea to have another person proofread your essay prior to submission. You must receive a minimum score of 75% to be considered for this scholarship. However, 75% does not guarantee acceptance.

Scoring Rubric

- 5 = Excellent (fully developed)
- 4 = Good (mostly developed)
- 3 = Average (partially developed)
- 2 = Below Average (minimally developed)
- 1 = Poor (lacks development)

The Essay...

- _____ Describes reasons for pursuing higher education and its impact on the family
- _____ Describes and supports(using recent research) the career goal and outlook for employment in this field, the education, skills and qualities needed for choosing this career, and explains how it will help the family
- _____ Explains paying for college and how the scholarship will help; includes plan for emergency financial situations
- _____ Describes a plan for balancing life and school
- _____ Includes special circumstances for needing the scholarship and justifies receiving the scholarship
- _____ Appears personalized, genuine, and sincere
- _____ Shows technical proficiency (organization, grammar & mechanics)

VIII. RECOMMENDATION

Please submit *one* letter of recommendation with your application as follows:

1. The person writing the recommendation must be a member of the community that is familiar with your quest to earn a degree or certificate. He/she *cannot* be a family member.
2. The letter should be addressed to the STARS Scholarship Committee and ***must be included*** with the application.
3. The letter should describe (1) how the person knows you (2) your likelihood for success in earning a degree or certificate; and (3) what qualities you possess that are needed for your chosen career.

IX: COHORT EXPERIENCE: As a STARS Scholar, you are part of a cohort and are expected to participate in seminars and events. The purpose of this cohort is to provide a network of support to help you as you face the challenges of attending school while raising a family.

X: VERIFICATION/SIGNATURES:

STUDENTS: Please check all boxes as verification and sign your name.

- I certify that the information in this application is true and accurate to the best of my knowledge.
- I authorize educational institutions, service providers, government benefit agencies, and employers to release information concerning my STARS application to the Community Education Foundation's STARS staff and STARS selection committee.
- I agree to abide by the STARS Scholarship Agreement and provide all required documentation as required if chosen as a STARS scholar.

Student Signature: _____ **Date:** _____

Good luck and thank you for applying.