

Neatness and Completeness of this application are factors in selection.

Check one box Career/Career Option Program AA/BA Program Graduate Program

Evaluation Information

1. State briefly your career goal(s).

2. List school and community activities you have participated in for the past three years.
(Be brief, include year(s) of participation for each activity.)

3. List your accomplishments and any special honors and awards you have received.

4. Please make additional comments which may support your need for this scholarship.

5. Have you ever been convicted of a misdemeanor or felony, excluding minor traffic violations?
Yes _____ No _____

General Information

Last Name _____ First Name _____ Middle Initial _____

Social Security Number _____ Maiden Name _____

Temporary Address: _____ Permanent Address: _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Telephone (____) _____ Telephone (____) _____

Are you a resident of Cerro Gordo County: Yes ___ No ___ What County? _____

Have you ever received a Muse Scholarship? Yes ___ No ___

Previous Education

<u>School Name and Location</u>	<u>Course or Major</u>	<u>Date of Graduation</u>
High School or GED _____	Not Applicable	_____
College or University 1. _____	_____	_____
University 2. _____	_____	_____

Transcripts

Make provisions for the Muse Scholarship Program to receive your official academic transcript(s) as follows:
Applicants with no college experience must submit a high school or GED transcript (includes students who have taken course work through the Post Secondary Enrollment Options program). All other students who have completed the equivalent of one or more semesters of full-time college coursework, please submit your most recent academic transcript.

First Choice _____ Second Choice _____

Name of school you plan to attend: _____

Course of study/major: _____

Classification for 2009-2010 academic year: Fr So Jr Sr Grad (Circle One)

Certification

I certify that all answers to the preceding questions are true and complete. I understand that any false answers or deliberate omissions on this application may be grounds for rejection of this application and withdrawal of any award granted. I authorize investigation of the applicant's employment, schooling, and other activities and release those persons, organizations, or companies supplying information from all liability and responsibility for any damages I may suffer as a result of this information. I agree that I will abide by all decisions made by the Lee Endowment Foundation and its agents as they concern this scholarship application.

Applicant's Signature _____ Date _____