

 **2022 JOHN & OLIVE ADAMS FOUNDATION AWARD**
Scholarship Application

THE PROGRAM	The John and Olive Adams Foundation will award scholarships to qualifying students who plan to further their education at a college or university accredited by the Northwest Commission of Colleges and Universities within the state of Idaho. This is a renewable scholarship for up to four years while enrolled in a qualifying institution. The student must be a current high school senior and reside in Bonneville County. The scholarship is intended for students who plan to study in the broad fields of physical science or social science.
SELECTION CRITERIA	The recipient must qualify under at least one of the following: <ul style="list-style-type: none"> • Top 20% of graduating class • 24 on ACT or 1110 SAT • GPA of 3.5 or higher
APPLICATION PROCEDURE	Please submit two complete applications (original and a copy) that include all of the following: <ul style="list-style-type: none"> • Complete signed and initialed application. • Two letters of recommendation. (One must be from a school official) • A personal statement of no more than two double spaced pages. Please use the following prompt for your personal statement.
PERSONAL STATEMENT	Your personal statement essay should address the following: <ul style="list-style-type: none"> • What are your educational goals and how will this scholarship help you to attain them? • Why did you choose the university you will attend? • How will your education contribute positively to your potential employment and the community at large? • Describe any school clubs, extracurricular activities, community service, etc. that you have been involved in. • Please provide any additional information that you would like the Selection Committee to consider.
APPLICATION SUBMISSION	Completed applications must be received by Thursday February 3, 2022 . Please submit to your high school College and Career Advisor or mail to: <p style="text-align: center;">Adams Foundation Application c/o Mayors' Scholarship Fund PO Box 2323 Idaho Falls, ID 83403</p>

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PERSONAL INFORMATION

First Name _____ MI _____ Last Name _____

Date of birth _____

Mailing Address _____

City/State/Zip _____

Primary Phone _____ Secondary Phone _____

Applicant E-mail Address _____

Parent E-mail Address _____

Current High School _____

Cumulative High School GPA _____ Weighted or Unweighted (Circle one)

ACT Score _____ **OR** SAT Score _____

Verification of GPA and Scores

Counselor Name _____ Counselor Initials _____

I certify that the information provided on this application is true and correct to the best of my knowledge. I give my consent to forward information regarding my academic records to the scholarship committee and to the appropriate individuals for the purpose consideration and selection.

Applicant's Signature _____ Date _____

By signing below, I indicate I have reviewed the information on my child's application and have found it to be correct. I hereby give my consent for my child to be considered for this award.

Parent's Signature _____ Date _____

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INTENDED COURSE OF STUDY

Which areas of physical or social science do you intend to study? Which colleges or universities are you considering?

FINANCIAL INFORMATION

Failure to fill out the following financial information will disqualify students from the applicant pool. If you qualify for a Pell Grant from the Federal Government, please list your EFC#: _____ .

If you don't qualify for a Pell Grant, please list the amount in line 33 adjusted gross income of your parents 2020 1040 Federal Tax Form _____ .

TERMS AND CONDITIONS

If I receive a scholarship, I agree to fulfill certain obligations related to the scholarship including:

- Attending the photo and video shoot in preparation for the awards event.
- Attending the Awards event on **April 6, 2022**. Details will be provided.
- Maintaining satisfactory academic progress and academic eligibility.
- Communicating changes in my academic status, contact information, and academic plans to the Foundation in a timely manner.

I am aware that failure to meet these obligations could result in a loss of my scholarship award.

_____ Initials & Date

STATISTICAL DATA

OPTIONAL INFORMATION

(Check all that apply— for statistical record purposes only)

- | | | |
|---------------------------------|---|--|
| <input type="checkbox"/> Male | <input type="checkbox"/> Asian | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Female | <input type="checkbox"/> African American | <input type="checkbox"/> White/Caucasian |
| <input type="checkbox"/> Latino | <input type="checkbox"/> Other | |