Instructions for Completing a PDF Fill-in-the-blank Scholarship Application Form

You will need ADOBE Reader 6.0 or greater to open, use and print this PDF fill-in-the-blank form. If you do not have this free software installed on your computer, visit http://get.adobe.com/reader/. Follow the directions to install the latest ADOBE Reader which is a free download.

There are two options to complete the fill-in-the-blank application form:

1. **Use the fill-in-the-blank feature to complete the form.**
    - Save a copy of the form to your personal data storage device.
    - Type in your responses using the ***Tab*** key to move between fields.
    - You may save the file while in progress and return to complete or revise it later.
    - When finished, print the completed form.

OR

2. **Print the blank application and complete it using a pen or typewriter.**

Whichever option you use, applicants must print the page(s) of the application containing the Applicant Appraisal and Transcript Information sections and submit to the appropriate individuals for completion (if applicable). These sections cannot be completed electronically.

Mail the completed application form (including the completed Appraisal and Transcript sections, if applicable, and any other required documents) to Scholarship Management Services by the program's application postmark deadline. The mailing address is on the application form.

Carl N. & Margaret Karcher Founders' 2014 Scholarship Program

THE PROGRAM

Carl Karcher Enterprises, Inc., has established a scholarship program to assist students who plan to continue education in college or vocational school programs. Scholarships are offered each year for full-time study at an accredited institution of the student's choice.

This scholarship program is administered by Scholarship Management Services®, a division of Scholarship America®. Scholarship Management Services is the nation's largest designer and manager of scholarship and tuition reimbursement programs for corporations, foundations, associations and individuals. Awards are granted without regard to race, color, creed, religion, sexual orientation, gender, disability or national origin.

ELIGIBILITY

Applicants to the Carl N. & Margaret Karcher Founders' Scholarship Program must be -

- Students, age 21 and under, who reside in Alaska, Arizona, California, Colorado, Hawaii, Idaho, Nevada, New Mexico, Oklahoma, Oregon, Texas, Utah or Washington.

- High school seniors or graduates who plan to enroll **for the first time** in full-time undergraduate study at an accredited two-year or four-year college, university, or vocational-technical school for the entire upcoming academic year.

Employees, affiliates and franchisees of Carl Karcher Enterprises, Inc., Scholarship America, affiliated agencies and their immediate families **are not** eligible to receive a scholarship pursuant to this program.

AWARDS

If selected as a recipient, the student will receive a $1,000 award. Up to sixty (60) awards will be granted each year. Awards will be granted in proportion to the applications processed for students who will be attending each of the above types of schools. Awards are not renewable.

Awards are for undergraduate study only.

APPLICATION

Interested students must complete the current year application and mail it along with a current, complete transcript of high school grades to Scholarship Management Services postmarked no later than **February 1, 2014**. Grade reports are not acceptable. Only the first 1,000 applications from students in eligible states will be acknowledged and considered for an award.

Applications with prior year dates will not be accepted.

Applicants are responsible for gathering and submitting all necessary information. Instructions for completing the Financial Data section of the application are included. Applications are evaluated on the information supplied; therefore, answer all questions as completely as possible. A résumé does not replace any part of the application. Incomplete applications will not be evaluated. All information received is considered confidential and is reviewed only by Scholarship Management Services.

SELECTION OF RECIPIENTS

Scholarship recipients are selected on the basis of academic record, demonstrated leadership and participation in school and community activities, honors, work experience, statement of goals and aspirations, unusual personal or family circumstances, financial need and an outside appraisal.

Selection of recipients is made by Scholarship Management Services. In no instance does any officer or employee of Carl Karcher Enterprises, Inc., play a part in the selection. All applicants agree to accept the decision as final.

Only recipients will be notified by June 1, 2014. Not all applicants to the program will be selected as recipients.

PAYMENT OF SCHOLARSHIPS

Scholarship Management Services processes Carl N. & Margaret Karcher Founders' scholarship payments on behalf of Carl Karcher Enterprises, Inc. Payment is made in one installment on August 15, 2014. A check is mailed to each recipient's home address and is made payable to the school for the student.

OBLIGATIONS

Recipients have no obligation to Carl Karcher Enterprises, Inc. They are, however, required to notify Scholarship Management Services of any changes in address, school enrollment, or other relevant information and to send a complete transcript when requested.

REVISIONS

Carl Karcher Enterprises, Inc. reserves the right to review the conditions and procedures of this scholarship program and to make changes at any time including termination of the program.

ADDITIONAL INFORMATION

Questions regarding the scholarship program should be addressed to:

Carl N. & Margaret Karcher Founders' Scholarship Program
Scholarship Management Services
One Scholarship Way
Saint Peter, MN 56082

Telephone: (507) 931-1682

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Administered by
Scholarship America®
Scholarship Management Services

Instructions for Completing the Financial Section of the Application

The Financial Data section of the application should be completed by the applicant's parent(s) or guardian. Information should be from a completed tax return or based on estimated information to be filed with the IRS.

1. **State of Residence** is the state where the parents reside and pay state income tax.

2. **Adjusted Gross Income** can be found on IRS FORM 1040 and is gross income reduced by specific adjustments allowed by law.

3. **Total Federal Tax Paid** includes the total amount of **federal** income tax to be paid as reported on IRS FORM 1040. This is **not** the amount withheld from employee's paychecks. (The amount withheld should be adjusted by any refund or additional taxes due.) Do **not** report state income tax.

4. **Total Income** of parent(s) should be reported individually. Provide information for both natural parents, when possible. **If the student resides with only one parent,** financial information **must** be received from the parent who claims the child as a dependent for tax purposes. If a parent has remarried, the spouse's information is required if the spouse is a legal guardian of the student, or claims the student as a dependent, or the student is included in the spouse's benefit plan. **If necessary, two Financial Data sections may be submitted by the student.** A copy of the Financial Data section may be made in order for one to be completed by each parent.

5. **Untaxed Income and Benefits** include any other income or benefits not included in the adjusted gross income figure. Do not include untaxed contributions to retirement plans.

6. **Medical and Dental Expenses** include only those expenses not paid by insurance. Do not include premium payments.

7. **Total Cash, Checking, Savings, Cash Value of Stocks, etc.**, include liquid assets that can be used for educational expenses. **Do not include** IRA, 401k, or other retirement plan funds.

8. **Total number of family members living in the household** and primarily supported by the reported income may include:
   - the applicant
   - the applicant's parents
   - other children living in the household
   - dependent college students living away from home
   - other people who live in the household and receive more than half of their support from the parent's reported income

9. **Marital status** is the current status of the person from whom the financial information is submitted.

10. **Of the total number of family members on line 8, number of students attending college** includes family members attending a two- or four-year college, university, or vocational-technical school at least half-time. Include the applicant in this number. Do not include parents.

NOTE: Any exceptions to providing financial information as instructed above must be submitted to Scholarship Management Services in writing.

Carl N. & Margaret Karcher Founders' 2014 Scholarship Program

TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES
Completeness and neatness ensure your application will be reviewed properly.

Please submit promptly. Only the first 1,000 applications will be considered.
Application postmark deadline February 1, 2014

FOR SCHOLARSHIP MANAGEMENT SERVICES USE ONLY

I.D. #

AA	PD	RIC/CS	GPA	SATCR	SATM	SATW	ACTC	TOTAL

APPLICANT DATA

Last Name _____ First _____ Middle Initial _____

Permanent Home Mailing Address _____ Apartment # _____

City _____ ZIP Code _____

State: ☐ AK ☐ AZ ☐ CA ☐ CO ☐ HI ☐ ID ☐ NM ☐ NV ☐ OK ☐ OR ☐ TX ☐ UT ☐ WA

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

Email Address _____

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

PARENT OR GUARDIAN INFORMATION

Last Name _____ First _____ Middle Initial _____

Address _____

Relationship to Applicant _____ Day Telephone (_____) _____

HIGH SCHOOL DATA

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

City _____ State _____ Telephone (_____) _____

POST-SECONDARY SCHOOL DATA

Name of postsecondary 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
☐ Vocational-Technical School ☐ Other, explain _____

Year in school **next** year: ☐ 1/Freshman ☐ Other, explain _____

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

Degree sought: ☐ Bachelor ☐ Associate ☐ Certificate ☐ Other _____

Student will: ☐ live on campus ☐ live off campus ☐ commute from home

If school choice is a public institution, applicant will pay: ☐ in-state resident tuition ☐ out-of-state tuition

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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.** Indicate dates of employment for each job and approximate number of hours worked each week.

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

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.

_____

_____

_____

PARENTS' FINANCIAL DATA (REQUIRED)

Instructions for this section are provided in the guidelines.

The applicant's parents or guardians must complete this portion of the application. Adjusted gross income and total federal income tax amounts should be from parents' most recently filed tax return. **To be considered for an award, this section must be filled out completely. If you are a ward of the court, please provide documentation.**

1. State of Residence ……..... _____
2. Adjusted Gross Income (FORM 1040) …… $ _____
3. Total Federal Tax Paid (FORM 1040) ……. $ _____
   (Not the amount withheld from paychecks)
4. Total Income of Father …….…… $ _____

   Total Income of Mother ……..…… $ _____
5. Yearly Untaxed Income and Benefits:
   Please indicate source –
   ☐ Social Security ☐ Child Support
   ☐ Other _____ …… $ _____
6. Medical and Dental Expenses not paid by insurance (exclude premiums) ……... $ _____
7. Total Cash, Checking, Savings, and Cash Value of Stocks (exclude retirement plan funds, IRA, 401k) $ _____
8. Total number of family members living in the household and primarily supported by the reported income …# _____
9. Marital status of parent or guardian:
   ☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐ Single
10. Of the total number of family members on line 8, number of students attending college at least half-time during the next school year (include applicant, exclude parents) …# _____

OTHER AWARDS

Please list the name and annual amount of any grants or scholarships you have been awarded for the coming school year only.

Name of Award:	School to which award will be applied:	Amount:	Check One:
_____	_____	$ _____	☐ Granted ☐ Pending
_____	_____	$ _____	☐ Granted ☐ Pending

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

Comments: _____

_____

_____

_____

Appraiser's Name _____ Title _____ Telephone (_____) _____

Signature _____ Organization _____ Date _____

TRANSCRIPT INFORMATION

A complete transcript of grades **must** be sent with this application. Grade reports are not acceptable.

All applicants **must** include a high school transcript of grades and have this section completed by the appropriate school official.

(A clear explanation of the school's grading scale must also be submitted.)

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

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

School Official's Address: Street _____ City _____ State _____ ZIP Code _____

APPLICATION CHECKLIST

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

☐ Student Application with completed Applicant Appraisal

☐ Current Complete Transcript(s) of Grades (including grading scale)

Postmark deadline February 1, 2014

All materials, including transcript, must be addressed to:

Carl N. & Margaret Karcher Founders' Scholarship Program
Scholarship Management Services
One Scholarship Way
Saint Peter, MN 56082

CERTIFICATION

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

I acknowledge decisions are final. I certify I meet eligibility requirements of the program as described in the guidelines and the information provided is complete and accurate to the best of my knowledge. If requested, I will provide proof of information, including an official transcript of grades and a copy of my U.S. Income Tax Return. Falsification of information may result in termination of any award granted.

Applicant's Signature _____ Date _____

Parent/Guardian's Signature _____ Date _____

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