



# The Cory L. Richards Memorial Scholarship Program

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

Application postmark deadline March 27

FOR SCHOLARSHIP MANAGEMENT SERVICES USE ONLY

I.D. #	AA	PD	GPA	TOTAL

**APPLICANT DATA**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 Permanent Home Mailing Address \_\_\_\_\_ Apartment # \_\_\_\_\_  
 City \_\_\_\_\_ State/Province \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
 Phone ( \_\_\_\_\_ ) \_\_\_\_\_ 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/ GUARDIAN OR ALTERNATE CONTACT DATA**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 Address \_\_\_\_\_  
 Relationship to Applicant \_\_\_\_\_ Day Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
 Email Address \_\_\_\_\_

**UNDER-GRADUATE SCHOOL DATA**

Name of university you graduated from: \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_  
 Graduation Date (month/year) \_\_\_\_\_ Major \_\_\_\_\_

**GRADUATE SCHOOL DATA**

Name of university you plan to attend next academic year: \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_  
 Date next academic year begins \_\_\_\_\_ and ends \_\_\_\_\_  
Degree Program:  
 Public Policy     Public Health     Other, explain \_\_\_\_\_  
 When do you expect to complete the program/graduate? \_\_\_\_\_  
 What certificate/degree will you earn by that date? \_\_\_\_\_

**U.S. applicants only:**    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



**UNITED STATES AND CANADIAN APPLICANTS**

**Transcript Information**

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

Students **must** include all graduate level college transcripts of grades from each school attended. Online transcripts must display student name, school name, grade and credit hours earned for each course, and term in which each course was taken.

**Financial Data**

The parent (or independent applicant) should complete this portion of the application. Income and tax figures are from a completed and filed federal tax return for prior year. This data will be used to determine the award amount should the applicant be chosen as a recipient. **If this section is not completely filled out, the student will not be considered for an award.**

1. State/Province of Residence: \_\_\_\_\_
2. Adjusted Gross Income: ..... \$ \_\_\_\_\_
3. Total U.S. Federal or Canadian tax paid: ..... \$ \_\_\_\_\_
4. Total income of parent (or independent applicant): \$ \_\_\_\_\_  
Total income of other parent (or independent applicant's spouse, if applicable): ..... \$ \_\_\_\_\_
5. U.S. only - Yearly untaxed income & benefits (Social Security, child support, etc.): ..... \$ \_\_\_\_\_
6. Medical/dental expenses not paid by insurance: ... \$ \_\_\_\_\_
7. Total cash, savings, checking and cash value of stocks: ..... \$ \_\_\_\_\_
8. Total number of family members living in the household and primarily supported by the reported income: . # \_\_\_\_\_
9. Marital status of employee parent (or independent applicant):  
 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): ..... \_\_\_\_\_
11. List any grants or scholarships awarded for the coming school year only:  

<b>Name of Award:</b>	<b>Amount:</b>	<b>Check one:</b>
_____ \$ _____		<input type="checkbox"/> Granted <input type="checkbox"/> Pending
_____ \$ _____		<input type="checkbox"/> Granted <input type="checkbox"/> Pending

**NON-UNITED STATES APPLICANTS**

**Academic and Financial Information (REQUIRED)**

**This application for a scholarship becomes complete and valid only when you have returned the following:**

1. Student application – completed in English.
2. English translations for all non-English documents.
3. Clear photocopies of your graduate level transcript of grades (academic record) – Online transcripts must display student name, school name, grade and credit hours earned for each course, and term in which each course was taken,
4. Itemized school costs for one academic year:

	Local Currency	U.S. Equivalent
Tuition: .....	_____	\$ _____
Fees: .....	_____	\$ _____
Books: .....	_____	\$ _____
Transportation: .....	_____	\$ _____
Room: .....	_____	\$ _____
Board (estimate if living at home): _____	_____	\$ _____
<b>TOTAL:</b> .....	_____	\$ _____

5. How do you plan to pay your school costs?

Parent/family contribution: .....	_____	\$ _____
Personal savings: .....	_____	\$ _____
Income during school year: .....	_____	\$ _____
School financial aid: .....	_____	\$ _____
Other loans: .....	_____	\$ _____
Other scholarships: .....	_____	\$ _____
Government subsidy: .....	_____	\$ _____
Total family income for one year: ...	_____	\$ _____

Total number of family members attending postsecondary school at least half-time during the next school year (include applicant, exclude parents): \_\_\_\_\_

**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
- Letter of Recommendation sent separately by recommender
- Current Complete Transcript(s) of Grades (including grading scale)
- English translations for all non-English documents

All materials, including transcript, must be addressed to:  
**The Cory L. Richards Memorial Scholarship Program**  
 Scholarship Management Services  
 One Scholarship Way  
 Saint Peter, MN 56082 USA

**Postmark deadline March 27**

**CERTIFICATION**

Gutmacher Institute 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 (U.S. Applicants). Falsification of information may result in termination of any award granted. I give Scholarship Management Services permission to release my application and supporting documents to Gutmacher Institute for purposes of evaluation and scholarship recipient selection.*

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_