ANOKA HALLOWEEN®

12 Bridge Square, Anoka, MN 55303

YOUTH CITIZENSHIP SCHOLARSHIP INFORMATION

The Anoka Halloween Youth Citizenship Scholarships are awarded annually, to two Anoka High School seniors, who have made exemplary contributions to their community through service & leadership.

Annual Application Window is May 1 - June 15

Qualifications:

- **Anoka High School Juniors** who are actively enrolled and will become graduates of Anoka High School are eligible. A 5-year resident of the Anoka High School attendance area who attends a private school are also eligible to apply. Attendance and standing will be verified in the fall semester of the applicant's senior year.

- The scholarship application must be typed or neatly printed in ink and the applicant must be willing to come in for an interview upon request.

- The scholarship is based on Civic Accomplishments; Community Volunteerism; Leadership; One male and one female recipient will be selected each year.

- This is a scholarship for a post-secondary education at an accredited institution. A single payment of the scholarship will be made directly to the recipient upon verification that payment for tuition has been. The recipient's Social Security number will be required prior to payment.

- Recipient must enter a college, university or vocational-technical school not later than the fall semester following high school graduation. Should the recipient delay enrollment, the opportunity for reimbursement will be extended, pending approval by Anoka Halloweeen, Inc. However, the scholarship shall be null and void after two years.

Selection:

- Completed application, letter of recommendation, and photo release form **must be submitted to between May 1st and June 15th.** Recipients will be notified in the fall and recognized during the **Pumpkin Bowl** in October of their Senior year.

- Scholarship applicants will be judged by a committee of three (3) plus an Anoka Halloween board member acting as a non-voting chair of the committee.

- In the event the judges declare there is not a qualified applicant in any given year, a scholarship will not be awarded for that year.

- Judges will select an alternate recipient for each scholarship who will not be announced. If the selected recipient chooses not to attend a higher education institution, the scholarship will be awarded to the alternate.

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YOUTH CITIZENSHIP SCHOLARSHIP APPLICATION

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Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ (home) _____(cell)

Email: _____

Age: _____ Gender: _____

Name of Parent(s) / Legal Guardian(s) as you want them to appear.:

_____

Current School: _____ School Phone: _____

Current High School GPA: _____

Post-secondary School You Plan to Attend:

Name of School: _____

Address: _____

City: _____ State: _____

Field(s) of study you are considering: _____

Briefly describe your career and educational goals.

Write a brief description of your volunteer community service, civic accomplishments, and citizenship. Attach an additional page if needed – *do not write on the back of this form.*

Years Involved	Organization Name	Brief Description of Your Activities

List your elected or appointed leadership roles and responsibilities.

Years in Leadership	Organization Name	Leadership Role/Title

Provide any additional information about your leadership roles you want the judges to be aware of.

Explain why you are interested in higher education.

This scholarship considers financial need. Please list any other scholarships received and explain any unmet financial need for your post-secondary education.

ADDITIONAL DOCUMENTS:

☑ Attach a typed page describing one specific example of your leadership. Limit 500 words.

☑ Provide a letter of recommendation from a non-family member who has known you for a long period of time.

☑ Youth Citizenship Scholarship Information Release Form (page 6 of this application)

I personally have prepared this report and certify that it accurately reflects my leadership and service to my community.

Signature of applicant: _____

Signature of Parent or Guardian: _____

ADDRESS APPLICATIONS TO:

Attention: ANOKA HALLOWEEN YOUTH CITIZENSHIP SCHOLARSHIP
12 BRIDGE SQ.
ANOKA, MN 55303

Applications must be post marked by the June 15th deadline OR dropped off at the Anoka Chamber Office (address above) during normal Chamber hours.

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YOUTH CITIZENSHIP SCHOLARSHIP APPLICATION INFORMATION RELEASE FORM

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If I am selected to receive a scholarship, I understand that my photo and the information I have provided in this application may be used to announce my selection and promote this scholarship.

I give permission for Anoka High School to release my photo for publication.

I give permission for Anoka Halloween, Inc to publish, in print and electronic media: my photo and any information I provided in this application, including the names parents/guardians; for the purposes stated above.

Name of Applicant: _____

Signature of Applicant: _____

Name of Parent/Guardian: _____

Signature of Parent /Guardian: _____