

The H & R Block Foundation Scholarship Program Application

• Type or print all information except signatures. • This form cannot be filled out on-line.

Sending a resume 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.

Completeness and neatness ensure your application will be reviewed properly. Application postmark deadline – April 1, 2009

FOR SCHOLARSHIP AMERICA USE ONLY	I.D.# _____	AA	PD	RIC/CS	GPA	SATRW	SATM	ACTRE	ACTM	TOTAL
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APPLICANT DATA	Last Name _____ First _____ Middle Initial _____ Permanent Home Mailing Address _____ Apartment # _____ City _____ State/Province _____ Zip _____ Phone (____) _____ E-mail address _____ Social Security Number _____ Date of Birth: Month _____ Day _____ Year _____ Please indicate your status: (Check all that apply) <input type="checkbox"/> Male <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Female <input type="checkbox"/> African American/Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> White
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EMPLOYEE PARENT OR GUARDIAN INFORMATION <small>Applicants must have a parent or guardian who is employed by (a) a direct or indirect subsidiary of H&R Block, Inc.; (b) a qualified franchisee of H&R Block, Inc. or its direct or indirect subsidiaries, or (c) McGladrey & Pullen LLP</small>	Last Name _____ First _____ Middle Initial _____ Relationship to Applicant _____ Work Phone (____) _____ E-mail address _____ <input type="checkbox"/> Tax Services Includes: Digital Tax Solutions and Field offices <input type="checkbox"/> Please check if you work in a tax office <input type="checkbox"/> Business Services Includes: RSM McGladrey <input type="checkbox"/> Corporate Includes: HRB Management <input type="checkbox"/> Consumer Financial Services Includes: H&R Block Bank Job Title _____ City _____ State/Province _____ Manager's Name _____ Manager's Phone (____) _____
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For Tax Field Associates: (must be completed):

District Manager's Name _____

Phone (____) _____

E-mail Address _____

Manager's Office Address _____

HIGH SCHOOL DATA

School Name _____ Graduation Date: Month _____ Year _____

City _____ State/Province _____ Phone (____) _____

POST SECONDARY SCHOOL DATA

Name of post-secondary, degree-granting school you plan to attend. (If unknown, please list in order of preference the schools to which applications for admission have been sent.) **Use official school names. Do not use abbreviations.**

School _____ City _____ State/Province _____

School _____ City _____ State/Province _____

- 4-yr. College or University 2-yr. Community or Junior College Year in school next year:
 Vocational-Technical School Other (explain) _____ 1 2 3 4 5 or Graduate Study

Major or course of study _____ Anticipated date of graduation: Month _____ Year _____

Anticipated degree: 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

In addition to applying for an unrestricted scholarship, I would like to be considered for one of the following restricted scholarships to:

- Avila University* University of Missouri-Kansas City*
 The Kansas City Art Institute* William Jewell College*
 Rockhurst University* Roman Halajko (Canadian Residents Only)

***Award of these restricted scholarships is contingent upon student attending the specified institution.**

WORK EXPERIENCE

Describe your work experience during the past four years (e.g. food server, babysitting, lawn mowing, office work). Indicate dates of employment for each job and approximate number of hours worked each week. List amounts earned at each job.

Employer/Position	From-Mo/Yr	To-Mo/Yr	Hours Per Week	Hourly Rate

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 volunteer activities in which you have participated during the **past four years** (e.g., Boy/Girl Scouts, hospital volunteer, Special Olympics). Note **all** special awards, honors, and offices held. **Indicate whether high school or college activities.**

Activity	No. of Years Participation	Special Awards Honors	Offices Held

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.

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.

APPLICANT APPRAISAL (REQUIRED)

To be completed by a high school or college counselor or advisor, an instructor, or a work supervisor who knows you well.

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 post-secondary educational program is Excellent Good Fair Poor
- The applicant's achievements reflect his/her ability Excellent Good Fair Poor
- 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 Excellent Good Fair Poor
- The applicant demonstrates curiosity and initiative Excellent Good Fair Poor
- The applicant demonstrates good problem-solving skills, follows through, and completes tasks Excellent Good Fair Poor
- The applicant's respect for self and others is Excellent Good Fair Poor

Comments _____

Appraiser's Name _____ Title _____ Phone (____) _____

Appraiser's Business Address:

Organization _____

Street _____ City _____ State/Province _____ Zip _____

Signature _____ Date _____

TRANSCRIPT INFORMATION

An official transcript of grades must be sent with this application. **On-line transcripts and grade reports are not acceptable.**

1. Students currently or previously enrolled in college or vocational-technical school must include all college or vo-tech transcripts of grades from each school attended. (Completion of the following section is not necessary.)

2. High school seniors and students who have completed less than one full quarter or semester of post-secondary education must include a high school transcript of grades and have the following section completed by the appropriate school official. (A clear explanation of the school's grading scale must also be submitted.) (Canadian applicants may disregard test score data.)

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

School Official's Signature _____ Title _____ Date _____

School Official's Address _____

City _____ State/Province _____ Zip _____

**PARENTS' OR
GUARDIAN'S
FINANCIAL
DATA**

The employee should complete this portion of the application. This data will be used to determine the award amount should the applicant be selected as a recipient. Adjusted gross income and total federal income tax amounts should be from parents' or guardian's most recently filed tax return. If this section is not completely filled out, the student will be considered for a minimum award only.

State/Province of Residence: _____

Adjusted Gross Income (FORM 1040): \$ _____

Total U.S. Federal or Canadian Income Tax Paid (FORM 1040): \$ _____

Total Income of Father: \$ _____

Total Income of Mother: \$ _____

Total Income of Guardian: \$ _____

Yearly Untaxed Income and Benefits (Social Security, AFDC, Child Support, Other _____): \$ _____

Medical and Dental Expenses not paid by insurance (do not include premiums): \$ _____

Total Cash, Checking, Savings, and Cash Value of Stocks (do not include retirement plan funds): \$ _____

Total number of family members living in the household and primarily supported by the reported income: # _____

Marital status of parent or guardian:
 Married Divorced Separated Widowed Single

Total number of family members attending college at least half-time during the next school year, including applicant: # _____

**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:
_____	_____	\$ _____	<input type="checkbox"/> Granted <input type="checkbox"/> Pending
_____	_____	\$ _____	<input type="checkbox"/> Granted <input type="checkbox"/> Pending

**APPLICATION
CHECKLIST**

The student is responsible for submitting all materials to Scholarship America on time. **Incomplete applications will not be evaluated.** This application for a scholarship becomes complete and valid only when Scholarship America has received all of the following materials:

- Student Application with completed applicant appraisal
 - Current Complete Transcript(s) of Grades (including grading scale)
- On-line transcripts are not acceptable.**

All materials including transcript, must be addressed to:
 The H & R Block Foundation Scholarship Program
 Scholarship Management Services, Scholarship America
 One Scholarship Way, P.O. Box 297
 Saint Peter, MN 56082

Postmark deadline: April 1, 2009

**SELECTION OF
RECIPIENTS
CERTIFICATION**

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

I acknowledge decisions of Scholarship America are final. I certify that I meet the eligibility requirements of the program as described in the brochure and that the information provided is complete and accurate to the best of my knowledge. If requested, I agree to give proof of information I have given on this form, including a copy of my U.S. or Canadian Income Tax Return. Falsification of information may result in termination of any scholarship granted.

Applicant's Signature _____ Date _____

Employee's Signature _____ Date _____

Return Completed Application to: The H & R Block Foundation Scholarship Program Scholarship America • One Scholarship Way • P.O. Box 297 • Saint Peter, MN 56082