

2020 Scholarship Program Application Form

Please email completed form to Kathy McDonnell ($\underline{kmcdonnell@glanbia.com}$) no later than May 15th, 2020.

Applicant Information						
Name	First:	Las	st:		Middle Initial:	
	Preferred first name,	if differ	ent from the al	oove:		
Date of Birth (mm/dd/yy)						
Address						
Contact Details	Email:			Phone:		
Parent or Gua	rdian Information					
Name	First:	Las	st:	N	/liddle I	nitial:
Job Title						
Location						
Contact Details	Email:			Phone:		
Applicant High	h School Informa	tion				
School Name						
Graduation Date (mm/yy)						
Address	Street:	City:		State:		Zip:
Post-Secondary	y School Data					
Name of post-secondary school that you plan to attend. (If unknown, please list the schools that you have applied to, in order of preference.) Please use official school names.						
School Name:			City:		State:	
School Name:			City:		State:	
School Type	☐4 Year College or University ☐Vocational-Technical School		☐2 Year Community or Junior College ☐Other, please explain			
Major/Course of Study Anticipated			Graduation Date (mm/yy):			
Student Will:	☐ Live On Campus		☐ Live Off Ca	ampus		mmute From Home
If school choice is a public institution, applicant will pay		☐In-State Resident Tuition		□Ou	t-Of-State Tuition	



Please submit a one page written essay explaining your career and educational aspirations. Your essay will be reviewed by a blind Selection Committee, and will be one of the most important factors in the evaluation of your application.
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Extra Curricular A	Activities, Leadershi	p, Honors and	d Awards				
Activities	List all school activities in which you have participated during the past four						
	years (e.g. studer				1		
Grade		9	10	11	12		
Leadership	List all community	/ activities in wl	nich vou have	participated v	vithout pav		
	during the past fo						
	Olympics).	, , ,	,	, ,	, 1		
Grade		9	10	11	12		
Special Awards	Indicate all encois	l awarda hana	are and offices	vou've bold			
Special Awards, Honors	Indicate all specia	ai awaius, 110110	ns and onices	you ve neid.			



Work Experience					
Describe your work experience during the past four years. Indicate dates of employment in each					
job and approximate number of hours worked each week. List amounts earned at each job.					
Company/Position	Start Date	End Date	Hours per	Amount	
	(mm/yy)	(mm/yy)	Week	Earned	
Unusual Circumstances					
Please describe how and when a affected your achievement in sch and community activities.					
Other Scholarships					
Please list below the name and amount of any grants or scholarships you have been awarded for the coming year.					
Name of Award	Amount		Check One		
	\$		☐Granted ☐Pending		
	\$		☐Granted ☐Pe	ending	



Application Submission					
Your scholarship application is not complete and will not be considered until you have returned all of the items on the below checklist.					
Student Application Form					
Current Transcript of Grades	Please ensure that your teacher emails this to the below address				
Teacher Appraisal	Please ensure that your teacher emails this to the below address				
Submission Email Address	Kathy McDonnell (kmcdonnell@glanbia.com)				
All materials must be submitte	d on time. The deadline is May, 15 th .				
In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. If requested, I agree to give proof of the information that I have given in this form. Falsification of information may result in termination of any scholarship granted. If I am a recipient of this scholarship, I will provide a picture of myself with my certificate to be used in internal and external communications.					
Parent/Guardian – By signing this application, I acknowledge that Scholarship winnings are considered taxable income by the IRS. If my child is a recipient, I will be required to complete and return IRS form W-9. In return, I will receive Form 1099-MISC to be filed with my annual tax return.					
Once submitted, this application becomes property of Glanbia Nutritionals.					
Applicant's Signature Date:					
Parent/Guardian Signature Date:					