

# Student of the Year Application

American Indian College Fund



AMERICAN  
INDIAN  
COLLEGE  
FUND

Application Date \_\_\_\_\_

School Year 2018/19

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ SSN \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email address \_\_\_\_\_

College attending \_\_\_\_\_

Permanent Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Marital Status    Single    Married/Domestic Partnership    Separated    Divorced/Widowed

Number of Dependents (under the age of 18) \_\_\_\_\_

Are you an enrolled tribal member?    Yes    No

Tribal Affiliation \_\_\_\_\_

Year of HS Graduation/ GED Equivalency \_\_\_\_\_

Degree Program \_\_\_\_\_ (AA, AAS, Certificate, BA, BS, MA, MS, other)

Semester/year Started College \_\_\_\_\_

Expected Graduation Date (MM/YY) \_\_\_\_\_

Cumulative GPA \_\_\_\_\_

Declared Major \_\_\_\_\_

Current Status    Full Time    Part Time

Year in College \_\_\_\_\_ (First-Year, Second-Year, Third-Year, Fourth Year)

Are you the first person in your family to attend college?    Yes    No

Are you interested in internship opportunities?    Yes    No

**Student of the Year**  
*American Indian College Fund*



**List in chronological order all college and universities you have attended:**

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**Hometown Newspaper** \_\_\_\_\_

**List all extracurricular activities and/or volunteer work in which you have been involved (Church, school, or community):**

**List all honors and other distinctions you have received:**

**1) What challenges have you overcome to attend college?(300 words maximum)**

**2) What are your educational and career goals and how will this scholarship help you achieve them?(300 words maximum)**

**3) How will completing your education impact the Native American community?(300 words maximum)**

**Please include a heartfelt thank you to the Adolph Coors Foundation which will be shared with them if you are chosen as your school's Student of the Year.**

**I certify that all information on this application is true. All information submitted with this application, including my photo, may be used by the American Indian College Fund for advertising, fundraising, and public awareness purposes. I understand that I will not be compensated for these materials.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_