The Dorothy Klindt Memorial Scholarship will be awarded to an entering freshman at Iowa State University who is enrolled in the College of Agriculture & Life Sciences or the College of Human Sciences. Applicants must be residents of Iowa and living in one of these Iowa counties: Cedar, Clinton, Muscatine or Scott County, with first preference to female students from rural areas in Scott County. The selection is made on the basis of above average academic work and demonstrated leadership and involvement in community, school, professional organizations and/or work activities. Evidence of this involvement may include holding office, serving on a committee, and/or receiving honors and awards. The recipient of this scholarship shall be the individual who best meets the above qualifications, shows a strong work ethic, and a desire to achieve his or her full potential. Financial need is not a criterion. The scholarship is for the amount of $1000 and is renewable for three additional years provided the student fulfills the scholarship requirements.

Attach a one-page typewritten biographical sketch. Describe yourself, your career goals, and indicate why you are qualified for this scholarship.

This scholarship was created in 1990 by Dorothy Klindt’s husband and daughters as a permanent remembrance of her life and work. Mrs. Klindt, who died in 1989, was loved and admired by family, friends, and the community.
SPECIAL RECOGNITION AND AWARDS
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

EMPLOYMENT

Name of current or most recent employer _________________________________________________

Job title ___________________________ Supervisor __________________________

Hours per week [school year/summer] _______________ Dates of Employment _________________

Name of previous employer ____________________________________________________________

Job title ___________________________ Supervisor __________________________

Hours per week [school year/summer] _______________ Dates of Employment _________________

Iowa State University requests this information for the purpose of awarding scholarships. No persons
outside the university are routinely provided this information. If you fail to provide the required
information, the university may not consider your application.

I authorize Iowa State University to release copies of this form and pertinent
scholarship criteria to the committee designated to make the scholarship awards,
and to release my name to the public if I am a recipient.

Signature ________________________________________ Date _____________________________

Please return completed application and biographical sketch to:

Office of Student Financial Aid
Room 0210 Beardshear Hall
Ames IA  50011

In person return to: Room 0410 Beardshear Hall