

# DOROTHY KLINDT MEMORIAL SCHOLARSHIP

## IOWA STATE UNIVERSITY

The Dorothy Klindt Memorial Scholarship will be awarded to an entering freshman at Iowa State University who is enrolled in the **College of Agriculture 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.

### APPLICATION DEADLINE: MARCH 1

#### STUDENT INFORMATION

Name \_\_\_\_\_ Univ. ID \_\_\_\_\_  
(Last) (First) (MI)

Present Address \_\_\_\_\_ Phone Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County of Permanent Residence \_\_\_\_\_

Name of High School \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Major \_\_\_\_\_

#### HIGH SCHOOL ACTIVITIES AND COMMUNITY INVOLVEMENT

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*(over for more information)*

**SPECIAL RECOGNITION AND AWARDS**

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**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

-----Office Use Only-----

entry \_\_\_\_\_ major \_\_\_\_\_ college:  H  A rank \_\_\_\_\_ % \_\_\_\_\_  
gpa \_\_\_\_\_ act/sat \_\_\_\_\_ [  cedar 16  clinton 23  muscatine 70  scott 82 ]  complete  SS System  
2851