

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, 2008

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:

- Male
 Alaska Native/American Indian
 Native Hawaiian/Pacific Islander
 Asian
 Multi-Racial
 Female
 African American/Black
 Hispanic/Latino
 White

EMPLOYEE
PARENT OR
GUARDIAN
INFORMATION
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

Last Name _____ First _____ Middle Initial _____

Relationship to Applicant _____

Work Phone (____) _____

Fax Number (____) _____ E-mail address _____

Division/Subsidiary/Company _____ Department _____

Job Title _____ City _____ State/Province _____

Manager's Name _____ Manager's Phone (____) _____

For Tax Field Associates: (must be completed):

District Manager's Name _____ District Manager's Phone (____) _____

Manager's Office Address _____ District Manager's Fax (____) _____

City _____ State/Province _____ Regional Manager's Name _____

**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 Partic.	Special Awards, Honors	Offices Held

**UNUSUAL
CIRCUM-
STANCES**

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 (____) _____

Signature _____ Organization _____ Date _____

Appraiser's Business Address:

Street _____ City _____ State/Province _____ Zip _____

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

Adjusted Gross Income (FORM 1040): \$ _____ Total U.S. Federal or Canadian Income Tax Paid (FORM 1040): \$ _____ Total number of family members living in the household and primarily supported by the reported income: # _____

Total Income of Father: \$ _____ Total Income of Mother: \$ _____ Total Income of Guardian: \$ _____

Yearly Untaxed Income and Benefits (Social Security, AFDC, Child Support, Other _____): \$ _____ Marital status of parent or guardian:
 Married Divorced Separated Widowed Single

Medical and Dental Expenses not paid by insurance (do not include premiums): \$ _____ 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, 2008

**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 _____