



Diamonds and Dreams Scholarship Program

TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES

Completeness and neatness ensure your application will be reviewed properly.

Application postmark deadline March 12, 2012

FOR SCHOLARSHIP MANAGEMENT SERVICES USE ONLY

I.D. #	BSP	PD	GPA	SATCR	SATM	SATW	ACTC	TOTAL

APPLICANT DATA

Last Name _____ First _____ Middle Initial _____
 Permanent Home Mailing Address _____ Apartment # _____
 City _____ State _____ ZIP Code _____
 Telephone (_____) _____ Email Address _____
 Social Security Number _____ Date of Birth: Month _____ Day _____ Year _____

Please indicate your status. (For statistical purposes only) Male Female
 American Indian /Alaska Native Black/African American Multi-Racial White
 Asian Hispanic/Latino Native Hawaiian/Pacific Islander

Have you participated in the RBI program (Reviving Baseball in Inner-City) conducted by the Minnesota Twins? Yes No

If yes, name of park/team _____ City _____
 Coach's name _____ Telephone (_____) _____

PARENT OR GUARDIAN INFORMATION

Last Name _____ First _____ Middle Initial _____
 Address _____ Apartment # _____
 City _____ State _____ ZIP Code _____
 Relationship to Applicant _____ Day Telephone (_____) _____

HIGH SCHOOL DATA

School Name _____ High School Graduation Date: Month _____ Year _____
 City _____ State _____ Telephone (_____) _____

POST-SECONDARY SCHOOL DATA

Name of postsecondary school you plan to attend. (If unknown, please list in order of preference the schools to which you have applied.)
Use official school names. Do not use abbreviations.

_____ City _____ State _____
 _____ City _____ State _____

4 yr. College or University 2 yr. Community or Junior College
 Vocational-Technical School Other, explain _____

Year in school **next** year: 1 Other, explain _____

Major or course of study: _____ Expected college graduation date: Month _____ Year _____

Degree sought: Bachelor Associate Certificate Other _____

Student will: live on campus live off campus commute from home

If school choice is a public institution, applicant will pay: in-state resident tuition out-of-state tuition

TRANSCRIPT INFORMATION

An official high school transcript of grades **must** be sent with this application. **(A clear explanation of the school's grading scale must also be submitted.)**

This section should also be completed by the appropriate school official.

Cumulative Grade Point Average Weighted: _____/4.0 scale Unweighted: _____/4.0 scale	SAT			ACT				
	Critical Reading	Math	Writing	English	Math	Reading	Science	Composite

School Official's Signature _____ Date _____ Title _____ Telephone (_____) _____

School Official's Address: Street _____ City _____ State _____ ZIP Code _____

PARENTS' FINANCIAL DATA (REQUIRED)

Instructions for this section are provided in the guidelines.

The applicant's parents or guardians must complete this portion of the application. Adjusted gross income and total federal income tax amounts should be from parents' most recently filed tax return. **To be considered for an award, this section must be filled out completely.**

- 1. State of Residence _____
- 2. Adjusted Gross Income (FORM 1040) \$ _____
- 3. Total Federal Tax Paid (FORM 1040) \$ _____
(Not the amount withheld from paychecks)
- 4. Total Income of Father \$ _____
Total Income of Mother \$ _____
- 5. Yearly Untaxed Income and Benefits:
Please indicate source –
 Social Security AFDC Child Support
 Other _____ \$ _____
- 6. Medical and Dental Expenses not paid by insurance (exclude premiums) \$ _____
- 7. Total Cash, Checking, Savings, and Cash Value of Stocks (exclude retirement plan funds, IRA, 401K) \$ _____
- 8. Total number of family members living in the household and primarily supported by the reported income ...# _____
- 9. Marital status of parent or guardian:
 Married Divorced Separated Widowed Single
- 10. Of the total number of family members on line 8, number of students attending college at least half-time during the next school year (include applicant, exclude parents) ...# _____

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 Management Services. Incomplete applications will not be evaluated. This application becomes complete and valid only when all of the following materials have been received:

- Student Application
- Current Complete Transcript(s) of Grades (including grading scale)

All materials, including transcript, must be addressed to:

**Minnesota Twins Community Fund
Diamonds and Dreams Scholarship Program**
Scholarship Management Services
One Scholarship Way
Saint Peter, MN 56082

Postmark deadline March 12, 2012

CERTIFICATION

Scholarship Management Services and Minnesota Twins Community Fund have the sole responsibility for selecting recipients based on criteria as set forth in the program's description. This application becomes the property of Scholarship Management Services. (It is recommended you keep a copy for your files.)

I acknowledge decisions of Scholarship Management Services and Minnesota Twins Community Fund are final. I certify I meet eligibility requirements of the program as described in the guidelines and the information provided is complete and accurate to the best of my knowledge. If requested, I will provide proof of information including an official transcript of grades and a copy of my U.S. Income Tax Return. Falsification of information may result in termination of any award granted. If selected as a recipient I agree information on the application, with the exception of academic and financial data, may be used by the Minnesota Twins Community Fund for publicity purposes.

Applicant's Signature _____ Date _____
Parent's Signature _____ Date _____
Name of current or most recent coach: _____ Telephone (_____) _____
Coach's Signature _____ Date _____

INSTRUCTIONS FOR COMPLETING THE FINANCIAL DATA SECTION OF THE APPLICATION

The Financial Data section of the application should be completed by the applicants' parents or guardian. Information should be from a completed tax return or based on estimated information to be filed with the IRS.

1. **State of residence** is the state where the parents reside and pay state income tax.
2. **Adjusted gross income** can be found on IRS FORM 1040 and is gross income reduced by specific adjustments allowed by law.
3. **Total federal tax paid** includes the total amount of **federal** income tax to be paid as reported on IRS FORM 1040. This is **not** the amount withheld from employee's paychecks. (The amount withheld should be adjusted by any refund or additional taxes due.) Do **not** report state income tax.
4. **Total income** of parent(s) should be reported individually. Provide information for both natural parents, when possible. **If the student resides with only one parent**, financial information **must** be received from the parent who claims the child as a dependent for tax purposes. If a parent has remarried, the spouse's information is required if the spouse is a legal guardian of the student, or claims the student as a dependent, or the student is included in the spouse's benefit plan. **If necessary, two Financial Data sections may be submitted by the student.** A copy of the Financial Data section may be made in order for one to be completed by each parent.
5. **Untaxed income and benefits** include any other income or benefits not included in the adjusted gross income figure. Do not include untaxed contributions to retirement plans.
6. **Medical and dental expenses** include only those expenses not paid by insurance. Do not include premium payments.
7. **Total cash, checking, savings, cash value of stocks, etc.**, include liquid assets that can be used for educational expenses. **Do not include** IRA, 401k, or other retirement plan funds.
8. **Total number of family members living in the household** and primarily supported by the reported income may include:
 - the applicant
 - the applicant's parents
 - other children living in the household
 - dependent college students living away from home
 - other people who live in the household and receive more than half of their support from the reported income
9. **Marital status** is the current status of the person from whom the financial information is submitted.
10. **Of the total number of family members on line 8, number of students attending college** includes family members attending a two- or four-year college, university, or vocational-technical school at least half-time. Include the applicant in this number. Do not include parents.

NOTE: Any exceptions to providing financial information as instructed above must be submitted to Scholarship Management Services in writing.