

Patterson Foundation Scholarship Program

TYPE OR PRINT ALL INFORMATION IN ENGLISH EXCEPT SIGNATURES

Completeness and neatness ensure your application will be reviewed properly.

Application postmark deadline May 31

FOR
SCHOLARSHIP
MANAGEMENT
SERVICES
USE ONLY

I.D. #	AA	PD	RIC/CS	GPA	SATCR	SATM	SATW	ACTC	TOTAL

APPLICANT
DATA

Last Name _____ First _____ Middle Initial _____

Permanent Home

Mailing Address _____ Apartment # _____

City _____ State/Province _____ ZIP/Postal Code _____ Country _____

Telephone (_____) _____ Date of Birth: Month _____ Day _____ Year _____

Email Address _____

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

EMPLOYEE
PARENT
OR
GUARDIAN
INFORMATION

Last Name _____ First _____ Middle Initial _____

Employee Number _____ Work Telephone (_____) _____

Email Address _____

Patterson Dental

Patterson Medical

Patterson Veterinary

Patterson Technology Center

Patterson Logistics

Patterson Office Supplies

Patterson Corporate Office

City _____ State/Province _____ Country _____

Relationship to Applicant _____ The applicant is a dependent of the employee Yes No

HIGH SCHOOL/
SECONDARY
SCHOOL DATA

School Name _____ Dates of Attendance: From _____ To _____

City _____ State/Province _____ Country _____ Telephone (_____) _____

Degree or Certificate Awarded _____ Secondary School Completion Date: Month _____ Year _____

POST-
SECONDARY
SCHOOL
DATA

Name of college, university or other postsecondary school
you plan to attend next academic year _____

Address _____ City _____ State/Province _____ Country _____

4 yr. College or University

2 yr. Community or Junior College

Vocational-Technical School

Other, explain _____

Year in school **next** year: 1 2 3 4 5

Date next academic year begins _____ and ends _____

Major or course of study you plan to pursue _____ Length of program: Months _____ Years _____

When do you expect to complete the program/graduate? _____

What certificate/degree will you earn by that date? _____

U.S. applicants only: 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

Sending a resumé 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.

WORK EXPERIENCE

Describe your work experience during the **past four years**. Indicate dates of employment for each job and approximate number of hours worked each week.

Employer/Position	From - Mo/Yr	To - Mo/Yr	Hours per Week	Were you paid for your work?
				YES / NO
				YES / NO
				YES / NO
				YES / NO

ACTIVITIES, AWARDS AND HONORS

List all extracurricular activities (in and outside of school) in which you have participated during the **past four years** (e.g., student government, music, sports, volunteer work, scouts, etc.). Indicate all special awards, honors and offices held. **Separate high school/secondary school activities from college/postsecondary activities.**

Activity	No. of Years Partic.	Special Awards, Honors	Offices Held	Activity	No. of Years Partic.	Special Awards, Honors	Offices Held

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.

UNUSUAL CIRCUMSTANCES

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.

APPLICANT APPRAISAL (REQUIRED)

To the Applicant: This section is required and must be completed in the format provided. If incomplete, your application will not be evaluated. The section is to be completed by a high school or college counselor or advisor, an instructor, or a work supervisor who knows you well.

To the Adult Appraiser: 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 postsecondary educational program is	<input type="checkbox"/> extremely appropriate	<input type="checkbox"/> very appropriate	<input type="checkbox"/> moderately appropriate	<input type="checkbox"/> inappropriate
The applicant's achievements reflect his/her ability	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's ability to set realistic and attainable goals is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The quality of the applicant's commitment to school and/or community is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The applicant is able to seek, find, and use learning resources	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates curiosity and initiative	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates good problem-solving skills, follows through, and completes tasks	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's respect for self and others is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor

Comments: _____

Appraiser's Name _____ Title _____ Telephone (_____) _____

Signature _____ Date _____

Appraiser's Business Address: Street _____ City _____ State/Province _____ ZIP/Postal Code _____ Country _____

UNITED STATES AND CANADIAN APPLICANTS

Transcript Information

A complete transcript of grades **must** be sent with this application. Grade reports are not acceptable.

- 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. Online transcripts must display student name, school name, grade and credit hours earned for each course, and term in which each course was taken. (Completion of item 2 below is not necessary.)
- High school seniors and students who have completed less than one full quarter or semester** of postsecondary education **must** include a high school transcript of grades and have this section completed by the appropriate school official. **(A clear explanation of the school's grading scale must also be submitted.)**

Rank _____ Class Size _____ Cumulative GPA _____/4.0 scale
 SAT Critical Reading _____ Math _____ Writing _____
 ACT English _____ Math _____ Reading _____ Science _____ Composite _____
 Official's Name _____ Date _____
 Signature _____ Phone (_____) _____

Financial Data

The Patterson Companies, Inc. employee should complete this portion of the application. Income and tax figures are from a completed and filed federal tax return for prior year. **To be considered for an award, this section must be filled out completely.**

- State/Province of Residence: _____
- Adjusted Gross Income: _____ \$ _____
- Total U.S. Federal or Canadian tax paid: _____ \$ _____
- Total income of father: _____ \$ _____
 Total income of mother: _____ \$ _____
- U.S. only - Yearly untaxed income & benefits (Social Security, Child Support, etc.): _____ \$ _____
- Medical/dental expenses not paid by insurance: ... \$ _____
- Total cash, savings, checking and cash value of stocks: _____ \$ _____
- Total number of family members living in the household and primarily supported by the reported income: # _____
- Marital status of employee parent:
 Married Divorced Separated Widowed Single
- 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): _____
- List any grants or scholarships awarded for the coming school year only:

Name of Award:	Amount:	Check one:
_____	\$ _____	<input type="checkbox"/> Granted <input type="checkbox"/> Pending
_____	\$ _____	<input type="checkbox"/> Granted <input type="checkbox"/> Pending

NON-UNITED STATES APPLICANTS

Academic and Financial Information (REQUIRED)

This application for a scholarship becomes complete and valid only when you have returned the following:

- Student application – completed in English.
- English translations for all non-English documents.
- Clear photocopies of the following educational documents **from the past four years:**
 - Transcript of grades (academic record) – Unofficial transcripts must display student name, school name, grade and credit hours earned for each course, and term in which each course was taken,
 - Secondary school diploma or certificate if earned, and
 - Results of examinations.
- Itemized school costs for one academic year:

	Local Currency	U.S. Equivalent
Tuition:	_____	\$ _____
Fees:	_____	\$ _____
Books:	_____	\$ _____
Transportation:	_____	\$ _____
Room:	_____	\$ _____
Board (estimate if living at home):	_____	\$ _____
TOTAL:	_____	\$ _____

- How do you plan to pay your school costs?

Parent/family contribution:	_____	\$ _____
Personal savings:	_____	\$ _____
Income during school year:.....	_____	\$ _____
School financial aid:	_____	\$ _____
Other loans:	_____	\$ _____
Other scholarships:	_____	\$ _____
Government subsidy:	_____	\$ _____
Total family income for one year: ...	_____	\$ _____

Total number of family members attending postsecondary school at least half-time during the next school year (include applicant, exclude parents): _____

APPLICATION CHECKLIST

The student is responsible for submitting all materials to Scholarship Management Services on time. Incomplete applications will not be evaluated. This application becomes complete and valid only when all of the following materials have been received:

- Student Application with completed Applicant Appraisal
- Current Complete Transcript(s) of Grades (including grading scale)
Grade reports are not acceptable.
- Other required documents

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All materials, including transcript, must be addressed to:

Patterson Foundation Scholarship Program
 Scholarship Management Services
 One Scholarship Way
 Saint Peter, MN 56082 U.S.A.

CERTIFICATION

Scholarship Management Services has 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 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 (U.S. Applicants). Falsification of information may result in termination of any award granted.

Applicant's Signature _____ Date _____
 Employee's Signature _____ Date _____