Bill Barlow "Second Chance" Scholarship

This scholarship was established in 1998 in honor of Bill Barlow, who retired after 30 years as President of the Sioux Empire United Way, one of the top United Way agencies of its size in the nation. More than 300 Sioux Falls area individuals and businesses contributed to this scholarship fund, which is intended to offer encouragement and support to a young man or woman who endeavors, after a bad start, to make the most of his/her potential.

Bill was a native of Milwaukee, Wisconsin. He spoke often of the role of caring individuals and education in positively guiding and shaping his life. After exhibiting many of the traits of what we would now call an "at risk" adolescent, he enrolled at the University of Wisconsin - Milwaukee and earned a B.S. in sociology. Bill began his professional career as an executive with the Boy Scouts of America in Ann Arbor, Mich. and later served as Associate Director of the United Way of Brown County in Green Bay, Wis.

Bill's maturing experiences shaped, in turn, his work with the Sioux Empire United Way. He emphasized support of programs that build and advance a caring community, encourage and provide positive environment for young people, and emphasize character development and service. He also insisted on high standards of leadership for himself and supported United Way agencies, emphasizing professional leadership, broad volunteer participation, accountability, and solid results for the community's investment.

Bill's service to Sioux Falls extended far beyond his work with the United Way. He was involved in activities as diverse as marriage mentoring and service on the Board of the Master Singers. He is considered the "Godfather" of the Sioux Falls Area Community Foundation. He was active in the First Presbyterian Church, many professional and service organizations, and frequently taught courses and workshops in subjects such as board development, fundraising, and nonprofit management. Bill never stopped learning, among his many development credits is the United Way of America's Executive Management Program at Harvard's Graduate School of Business.

Bill passed away in 2009, but his passion for education continues on through this scholarhsip.

Applicants must —

- *Be Sioux Falls area high school (public or private) seniors or have a high-school equivalent degree.*
- *Plan to attend an accredited college, university, vocational or technical school.*
- *Have a history of at-risk behavior and a growing commitment to lead a responsible, productive life.*
- *Have a cumulative grade point average of no higher than a B- (2.7 GPA) or a GED regardless of grades received.*

Award: $1,500

Application Deadline: March 15, 2012

(Previous recipients of the scholarship are eligible to apply for a second award)

Application Submission Instructions

To be eligible for consideration, your application must be submitted on a current application form and be signed by you and your parent or guardian

- ❒ Scholarship Application. Attach separate sheets of paper to respond to Section IV, Community Activities; Section V, Work Experience; and Section VI, an Essay.
- ❒ Application Certification Form. Your school principal, advisor/counselor, registrar, or a Certified Administrator for GED program must complete this form.
- ❒ Recommendation Forms (2). Before asking someone to complete a recommendation on your behalf ask whether that person is serving on the selection panel. Under no circum stances may family members or selection panel members serve as your references. Applicants who use family or selection panel members will be disqualified.You will submit two recommendations. If you have work experience, one must come from an employer or supervisor. Otherwise, submit one from a school teacher or administrator and one from an adult who knows you well.

Please note —

- ❒ Your application will be duplicated for a selection committee. Photocopy and write on only one side of each sheet of paper.
- ❒ Any transcript, certification, or recommendation submitted is subject to verification by Sioux Falls Area Community Foundation.
- ❒ If you have questions about this application, please call the Scholarship Administrator at the SFACF, (605) 336-7055, ext. 20.
- ❒ Complete your application and submit all required forms — including any required transcript, certification, or recommendation — in one package. Your submission must be postmarked no later than March 15. Send to —

Sioux Falls Area Community Foundation
Bill Barlow "Second Chance" Scholarship Committee
300 N. Phillips Avenue, Suite 102
Sioux Falls, SD 57104-6035

Bill Barlow "Second Chance" Scholarship Application

Please type or print responses in black ink and complete all sections.

I. Student Information

Student's name_____
last first middle

Permanent address_____ Phone no._____
street city state zip

Parent or guardian name_____
last first

Permanent address_____
street city state zip

Name of school you plan to attend _____

School is a ❒ Four-year academic college or university ❒ Vocational/technical school
❒ Community college

Please address the following using additional sheets of paper where applicable. (Use one side of paper only.)

II. Application Certification Form (Use form provided)

III. Letters of Recommendation (Use forms provided)
Applicants are required to submit two recommendations. One from a school teacher or administrator, and one from an adult who knows you well. If you have work experience, one recommendation must come from an employer or supervisor. Under no circumstances may family or selection panel members serve as your references.

IV. Community Activities
List the community activities you have participated in during your high school years (or since high school if you have completed a GED program) any offices held and/or awards received and year(s) of involvement.

V. Work Experience
Describe paid work experience and/or volunteer work you have had in the past four years. List position, employer, and dates of employment.

VI. Essay
Write an essay of no more than 200 words describing the value of your planned education to your future life.

Bill Barlow "Second Chance" Scholarship Application

VII. Financial Information

Estimate of Annual Educational Expenses		Sources of Annual Support	
◆ Tuition and fees	$_____	◆ Personal savings	$_____
◆ Books and supplies	$_____	◆ Personal employment	$_____
◆ Room and board	$_____	◆ Family sources	$_____
◆ Personal expenses	$_____	◆ Financial aid	$_____
◆ Other expenses (list)		◆ Scholarships applied for (list)	
_____	$_____	_____	$_____
_____	$_____	_____	$_____
_____	$_____	_____	$_____
Total expenses	$_____	Total support	$_____

Please circle any scholarship award that you have received.

VIII. Special Circumstances

Indicate any special personal or family circumstances you would like the selection committee to be aware of.

IX. Certification

I certify that all information on this form is true and complete to the best of my knowledge and that I am not related to any member of Sioux Falls Area Community Foundation's staff or Board of Directors. If selected for this award, SFACF is authorized to publish my photograph and name on its website, publications, and advertisements.

_____ _____

Applicant's signature Date

_____ _____

Consenting parent or guardian's signature Date

Submit this application and all required forms by March 15 to:

Sioux Falls Area Community Foundation
Bill Barlow "Second Chance" Scholarship Committee
300 N. Phillips Avenue, Suite 102
Sioux Falls, SD 57104-6035

Bill Barlow "Second Chance" Scholarship

of the

SIOUX FALLS AREA COMMUNITY FOUNDATION

Application Certification Form

To be completed by the applicant's high school principal, advisor/counselor or registrar, and returned to the applicant as soon as possible. Applications are due March 15. If applicant is not currently in high school, but has completed a GED, this must be signed by a Certified Administrator for a GED program.

Please type or use black ink.

Name of applicant _____

Address of applicant _____

Name of high school/
GED program _____

Address of high school/
GED program _____

At the close of the seventh semester, the applicant's GPA (4.0 scale) was _____

If the applicant did not complete high school, signature below testifies to satisfactory completion of GED program.

_____ _____
Signature Date

_____ _____
Print or type name Telephone

_____
Title

If you have questions, please call the Scholarship Administrator at the Sioux Falls Area Community Foundation, (605) 336-7055.

Bill Barlow "Second Chance" Scholarship

Recommendation Form

Applicant's name _____

This student is applying for a scholarship and has asked for your recommendation as part of the application process. All recommendations are kept strictly confidential by the Sioux Falls Area Community Foundation. *Under no circumstances may family or selection panel members serve as references. Doing so will result in disqualification for this applicant.*

- Please do not write or type on back side of this paper.
- Attach additional sheets of paper if necessary.
- When finished, place form in a sealed envelope and write your name across the seal.
- Return to applicant as soon as possible. Applications are due March 15.

Please type or use black ink.

1. How long have you known the applicant?

   ❒ All his/her life ❒ 5-10 years ❒ 3-5 years ❒ 1-3 years

2. How have you been acquainted with this applicant?

3. What qualities does the applicant possess that show his/her "new" attitude and motivation to accept responsibility and take education seriously, as this was once not the case?

4. Additional comments. Please add any information you feel might assist the selection committee in making a scholarship award.

_____ Signature

_____ Print or type name

_____ Title (if school official)

_____ Address

_____ City State Zip

_____ Telephone

If you have questions, please call the Scholarship Administrator at the Sioux Falls Area Community Foundation, (605) 336-7055.

Bill Barlow "Second Chance" Scholarship

Recommendation Form

Applicant's name _____

This student is applying for a scholarship and has asked for your recommendation as part of the application process. All recommendations are kept strictly confidential by the Sioux Falls Area Community Foundation. *Under no circumstances may family or selection panel members serve as references. Doing so will result in disqualification for this applicant.*

- Please do not write or type on back side of this paper.
- Attach additional sheets of paper if necessary.
- When finished, place form in a sealed envelope and write your name across the seal.
- Return to applicant as soon as possible. Applications are due March 15.

Please type or use black ink.

1. How long have you known the applicant?

   ❒ All his/her life ❒ 5-10 years ❒ 3-5 years ❒ 1-3 years

2. How have you been acquainted with this applicant?

3. What qualities does the applicant possess that show his/her "new" attitude and motivation to accept responsibility and take education seriously, as this was once not the case?

4. Additional comments. Please add any information you feel might assist the selection committee in making a scholarship award.

_____ Signature

_____ Print or type name

_____ Title (if school official)

_____ Address

_____ City State Zip

_____ Telephone

If you have questions, please call the Scholarship Administrator at the Sioux Falls Area Community Foundation, (605) 336-7055.