

**DONALD F.
REINER
SCHOLARSHIP**

ACADEMIC YEAR 2025 - 2026

TO: SPRINGFIELD PUBLIC HIGH SCHOOL STUDENTS OR ALUMNI
FROM: TRUSTEES FOR THE DONALD F. REINER EDUCATIONAL TRUST
RE: SCHOLARSHIP APPLICATION FORM
DATE: **FEBRUARY 1, 2025**

ATTACHED HEREWITH PLEASE FIND A SCHOLARSHIP APPLICATION FORM FOR THE DONALD F. REINER EDUCATIONAL TRUST. AS TRUSTEES FOR THIS EDUCATIONAL TRUST, WE WISH TO THANK YOU FOR EXPRESSING INTEREST IN APPLYING FOR THIS SCHOLARSHIP.

IN ORDER TO SCREEN APPLICANTS AS FAIRLY AS POSSIBLE, IT IS NECESSARY THAT ALL PARTS OF THE APPLICATION FORM BE AS COMPLETE AS POSSIBLE. ANY PARTS LEFT INCOMPLETE WILL CAUSE THE APPLICANT TO GET LESS THAN FULL CONSIDERATION.

THE SCHOLARSHIP APPLICATION FORM IS MADE UP AS FOLLOWS:

PERSONAL DATA – TO BE FILLED IN BY APPLICANT AND SIGNED BY APPLICANT AND PARENT OR GUARDIAN.

FINANCIAL DATA – TO BE FILLED IN BY PARENTS AND SIGNED BY APPLICANT AND BOTH PARENTS. PLEASE ATTACH A COPY OF LAST YEAR'S TAX RETURN. **APPLICATIONS WILL NOT BE PROCESSED UNTIL TAX RETURN IS SUBMITTED.**

EXTRA-CURRICULAR ACTIVITIES – TO BE COMPLETED BY 1ST TIME APPLICANT ONLY.

ESSAY – TO BE COMPLETED AND NO MORE THAN 1 PAGE TYPED.

COMMUNITY SERVICE ACTIVITIES LOG – TO BE COMPLETED BY EACH APPLICANT.

ALL INFORMATION OBTAINED IN THE SCHOLARSHIP APPLICATION FORMS WILL BE HELD IN STRICT CONFIDENCE FOR REVIEW ONLY BY THE DONALD F. REINER EDUCATIONAL TRUST TRUSTEES.

THIS SCHOLARSHIP IS AVAILABLE TO ALL GRADUATES OF SPRINGFIELD PUBLIC HIGH SCHOOL. SCHOLASTIC ACHIEVEMENTS ALONG WITH FINANCIAL NEED WILL BE THE CRITERIA FOR SCHOLARSHIP AWARDS. (APPLICATIONS WILL BE SCORED USING CUMULATIVE GPA.)

APPLICATIONS MAY BE SUBMITTED FROM 3/1/2025 THROUGH 4/15/2025. COMPLETED APPLICATIONS MAY BE MAILED TO:

**DONALD F. REINER EDUCATIONAL TRUST
P.O. Box 126
SPRINGFIELD, MN 56087**

THEY MAY ALSO BE DROPPED OFF AT THE FARMERS AND MERCHANTS STATE BANK OF SPRINGFIELD, 101 NORTH MARSHALL AVENUE, SPRINGFIELD, MINNESOTA.

SCHOLARSHIP AWARDS WILL BE ANNOUNCED DURING COMMENCEMENT EXERCISES. SCHOLARSHIP FUNDS WILL BE PAYABLE JOINTLY TO THE RECIPIENTS AND THE SCHOOL UPON COMPLETION OF ONE FULL ACADEMIC TERM. APPLICANTS MAY RE-APPLY FOR SCHOLARSHIPS EACH YEAR THEY ARE IN POST-SECONDARY SCHOOL.

DONALD F. REINER SCHOLARSHIP CHECKLIST:

PERSONAL DATA

ELIGIBILITY ACKNOWLEDGMENT

APPLICANT DATA

CERTIFICATION AND SIGNATURES

ESSAY

COMMUNITY SERVICE ACTIVITIES

COMPLETE FEDERAL TAX RETURN (INCLUDING ALL SCHEDULES)

VERIFIABLE CURRENT GRADE TRANSCRIPT WHICH INCLUDES STUDENT NAME, SCHOOL NAME, DATE AND CUMULATIVE GPA (CURRENT COLLEGE STUDENTS ONLY)

APPLICANTS THAT DO NOT SUBMIT EVERYTHING ON THIS CHECKLIST WILL NOT BE CONSIDERED FOR A SCHOLARSHIP AWARD.

APPLICANT SIGNATURE

DATE

PARENT / GUARDIAN SIGNATURE

DATE

PARENT / GUARDIAN SIGNATURE

DATE

8. WHAT WORK EXPERIENCE HAVE YOU HAD?

A. _____

B. _____

9. WHAT ARE YOUR HOBBIES? _____

10. DO YOU PLAN TO PARTICIPATE IN ANY EXTRACURRICULAR ACTIVITIES? IF SO, WHAT ACTIVITIES.

11. WHAT COURSE OF STUDY DO YOU PLAN TO PURSUE IN YOUR POST-SECONDARY EDUCATION?

12. WHAT DO YOU INTEND TO DO THIS SUMMER? _____

13. WOULD YOU BE WILLING TO MEET WITH MEMBERS OF THE SCHOLARSHIP COMMITTEE SHOULD THEY DESIRE

TO DO SO? YES NO

14. STUDENT WILL LIVE: ON CAMPUS OFF CAMPUS WILL COMMUTE

15. TYPE OF PROGRAM: UNDERGRADUATE GRADUATE POSTGRADUATE

16. ENROLLED: LESS THAN HALF-TIME HALF-TIME OR MORE FULL-TIME

17. WHAT IS YOUR ANTICIPATED DATE OF GRADUATION FROM POST-SECONDARY PROGRAM?

MONTH YEAR

I UNDERSTAND THAT IN ACCEPTING THIS SCHOLARSHIP, IT IS MY INTENTION TO COMPLETE AT LEAST ONE YEAR OF SCHOOL, THE YEAR IN WHICH THE AWARD IS BEING USED, AND TO CONTINUE SCHOOL UNTIL GRADUATION. SCHOLARSHIP WILL BE PAID TO THE SCHOOL FOR THE SECOND QUARTER OR SEMESTER OF THE FIRST YEAR. RECIPIENT WILL BE SELECTED ON THE BASIS OF PAST PERFORMANCE, NEED AND FUTURE POTENTIAL.

SIGNED _____
APPLICANT

SIGNED _____
PARENT OR GUARDIAN

DATE _____

WE HEREBY ACKNOWLEDGE THAT ELIGIBILITY FOR A DONALD F. REINER TRUST SCHOLARSHIP REQUIRES RECIPIENTS TO MAINTAIN STATUS AS A FULL-TIME STUDENT (12 CREDITS) **AND** A MINIMUM GPA OF 2.5 FOR THE MOST RECENT SEMESTER. (*SPECIAL CONSIDERATION REGARDING FULL-TIME STUDENT STATUS MAY BE GRANTED TO NON-TRADITIONAL, GRADUATE OR POST-GRADUATE STUDENTS.*) IF THE RECIPIENT DOES NOT MEET THESE ELIGIBILITY REQUIREMENTS, THE SCHOLARSHIP FUNDS WILL BE WITHHELD. THE SCHOLARSHIP RECIPIENT WILL THEN BE GIVEN ONE SEMESTER TO MEET THESE ACADEMIC REQUIREMENTS. FAILURE TO MEET THESE REQUIREMENTS IN THE FOLLOWING SEMESTER WILL RESULT IN CANCELLATION OF THE SCHOLARSHIP. IF THE RECIPIENT EARNS THE NECESSARY GPA AS REQUIRED, THE SCHOLARSHIP FUNDS WILL BE AWARDED UPON RECEIPT OF THE COLLEGE TRANSCRIPT REFLECTING FULL-TIME STATUS AND A 2.5 GPA OR BETTER FOR THE MOST RECENT SEMESTER.

STUDENT SIGNATURE_____

PARENT SIGNATURE_____

PARENT SIGNATURE_____

TO BE COMPLETED BY HEAD OF HOUSEHOLD

APPLICANT DATA

| | | |
|----------------------------------|------------------------------|----------------|
| _____ | _____ | _____ |
| HEAD OF HOUSEHOLD LAST NAME | HEAD OF HOUSEHOLD FIRST NAME | MIDDLE INITIAL |
| PERMANENT MAILING ADDRESS: _____ | | |
| ADDRESS | | |
| _____ | _____ | _____ |
| CITY | STATE | ZIP CODE |

INCOME, EXPENSE, AND ASSET DATA

INCOME, EXPENSE, AND ASSET DATA FOR THE YEAR OF **JANUARY 1, 2024 TO DECEMBER 31, 2024**. PLEASE HAVE YOUR PARENT(S) FILL IN THE FOLLOWING SECTION. INFORMATION MUST BE OBTAINED FROM A COMPLETED TAX RETURN - IRS FORM 1040 FILING DATE OF **APRIL 15, 2025**.

1. ADJUSTED GROSS INCOME \$ _____
(LINE 11 – FORM 1040)
2. UNTAXED INCOME AND BENEFITS \$ _____
(SOCIAL SECURITY, AFDC, ADC, OTHER)
3. MEDICAL/DENTAL EXPENSES NOT PAID BY INSURANCE \$ _____
4. TOTAL NUMBER OF EXEMPTIONS..... _____
5. NAME OF SCHOOL APPLICANT WILL BE ATTENDING: _____
6. PROJECTED COST OF ATTENDING THIS SCHOOL FOR **2025-2026** SCHOOL YEAR \$ _____

ADDITIONAL INFORMATION

THE PARENTS' CURRENT MARITAL STATUS IS SINGLE MARRIED DIVORCED WIDOWED

TOTAL NUMBER OF FAMILY MEMBERS WHO WILL BE ATTENDING A POST-SECONDARY SCHOOL AT LEAST 1/2 TIME DURING THE **2024-2025** SCHOOL YEAR, INCLUDING APPLICANT _____

PLEASE LIST NAME(S) OF FAMILY MEMBERS ATTENDING POST-SECONDARY SCHOOL: _____

A COMPLETE FEDERAL TAX RETURN
(INCLUDING ALL SCHEDULES)
MUST ACCOMPANY THIS APPLICATION

APPLICANT: _____

ESSAY

COMPLETE THE FOLLOWING THOUGHT IN NO MORE THAN ONE (1) TYPED PAGE.
(MUST BE TYPED): **IN THE ESSAY PLEASE SHARE YOUR PLANS FOR SCHOOL AND
YOUR DREAMS FOR LIFE AFTER SCHOOL.**

