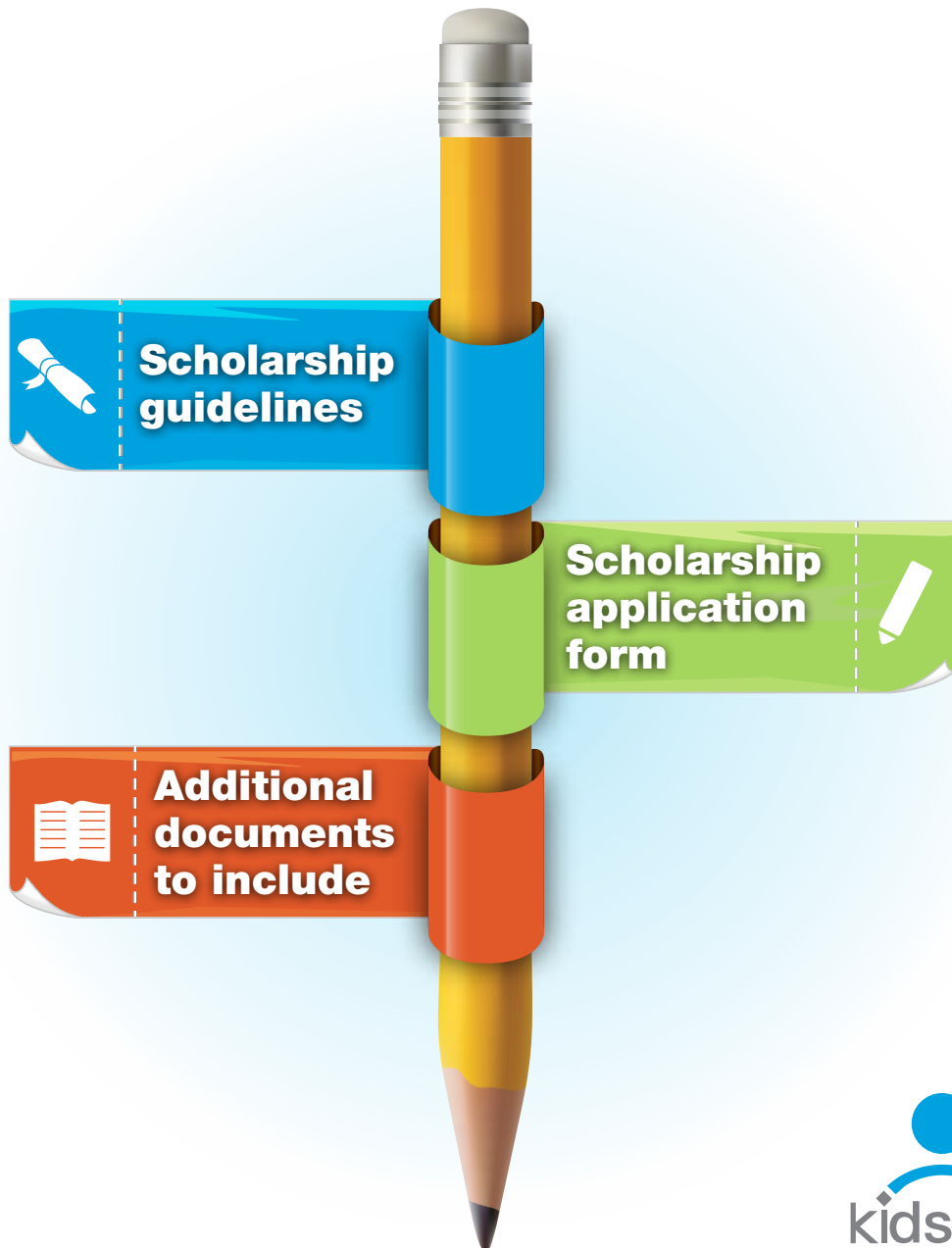




SFM foundation
Scholarships to help young people succeed

SFM Foundation Scholarship Application



Scholarship guidelines

Basic eligibility requirements

- Must be the natural, adopted, step-child or full dependent of a worker injured or killed in a work-related accident during the course and scope of employment with a Minnesota-, Wisconsin-, or Iowa-based employer and entitled to receive benefits under the Minnesota Workers' Compensation Act, Worker's Compensation Act of Wisconsin, or Iowa Workers' Compensation Act.
- Must be a Minnesota, Wisconsin or Iowa resident between the ages of 16 and 25 at the time of the application.
- Must be a citizen of the United States or a lawful permanent resident.
- Must have a high school diploma, GED or be a high school student in good standing. Academic achievement, aptitude, extracurricular activities, and community service of the applicant is considered.
- Grade point average will be reviewed against the number of hours the applicant works and his/her community involvement.
- Must be pursuing a primary college or university degree (bachelor's or associate's) or vocational education and training (certificate or license) from any accredited school.
- Must demonstrate financial need.

Expectations of scholarship recipients

- Provide proof of enrollment for each semester at participating educational institution.
- Must submit official grade report at the end of each completed semester/term.
- Must maintain satisfactory grades of a cumulative "C" average or higher and stay continuously enrolled with at least 12 credits.
- Prompt response to requests from the SFM Foundation for documents, school invoices, grade reports, etc.
- Prompt notification of dropped classes or withdrawal from school.
- Cooperation in responding to requests to attend SFM Foundation functions such as fundraising events, seminars, etc. (Attendance is not required, but we encourage students to be willing to appear on our behalf.)

Uses of scholarship

- Tuition, books, and fees (excludes room and general living expenses).
- Scholarship funds will be paid directly to the educational institution in two equally apportioned installments during the school year (timing may vary by school).
- Amount awarded may range between \$1,000 and \$10,000.

Deadline

- Scholarships are awarded annually each spring. Scholarship applications must be received by SFM Foundation by March 31.

SFM Foundation is a non-profit organization created to administer a scholarship program to benefit children of workers injured or killed in work-related accidents. SFM Foundation is an affiliate of SFM Companies, a regional workers' compensation insurance group with headquarters in Bloomington, Minnesota, and is also an affiliate of Kids' Chance of America in Iowa and Minnesota.

Our mission is to assist deserving students who have been affected by a parent's work-related injury regardless of who the insurer was at the time of injury. All applications are graded independently regardless of the applicant's insurer.

Application form

Please send completed application form and **all** documentation listed under “Additional documents you need to provide,” page 7, to the following: SFM Foundation, P.O. Box 582992, Minneapolis, MN 55458-2992. Fax (952) 838-2010. Telephone (855) 621-2076. Email info@sfmfoundation.com.

This application information and form may be downloaded at www.sfmfoundation.com/application.pdf.

I. Applicant information

Please print clearly

Name (last, first, middle)	Street address, city, state, zip
Daytime telephone No.	Student cell phone No. and cell carrier provider (ex. Verizon, Sprint, AT&T)
Date of birth	Social Security No.
Email address	Mother's name
Father's name	Current grade in high school or college (10th, 11th, 12th, etc.)
Do you know or are you related to anyone at SFM Mutual Insurance Co. or its subsidiaries? If so, please indicate who and the relationship.	How did you learn about SFM Foundation?

II. Information regarding injured or deceased parent or legal guardian

A. Identification of injured or deceased parent or legal guardian

Full name of injured or deceased parent or legal guardian	Social Security No. of injured or deceased parent or legal guardian
Date of injury or death	Worker Identification No. (WIN) (if available)
Address of parent or legal guardian (if applicable)	Telephone No. of parent or legal guardian (if applicable)
Nature and extent of parent or legal guardian's injury (attach additional sheet if necessary)	How has this injury affected you or your household (attach additional sheet if necessary)

B. Parent's or legal guardian's employer at time of injury/death

Employer of parent or legal guardian at time of work injury	Employer address
Employer telephone No.	
Employer workers' compensation administrator name	

C. Workers' compensation insurance company information

Name of insurer	Insurer address
Insurer telephone No.	Insurer email
Claims representative name	Insurer claim No.
	Is this injury admitted or denied by the insurer

D. Attorney representing injured or deceased parent or legal guardian (if applicable)

Name of attorney	Name of attorney firm
Attorney address	
Attorney email	Attorney telephone No.

III. Applicant's academic background

A. High school

Name of high school	Address of high school
Extra-curricular school and community activities	Current cumulative GPA (attach documentation)
ACT or SAT score	Class rank

B. College already attended (if applicable)

Name of college	Address of college
Extra-curricular school and community activities	Current cumulative GPA (attach documentation)

C. Future plans for college (for which you will use this scholarship). Note: Please attach documentation verifying college acceptance (see page 7, item 8).

Type of education (4-year degree, 2-year degree, vocational school, other)	Date accepted and date you plan to begin
Name of college	Address of college
Career objective	Major field of intended study
Annual tuition	Will you be a commuter student or live on campus?
Other types of scholarships you have applied for	Scholarships or financial aid you have already been awarded
If you will be employed during your college career, please indicate type of work, how many hours per week and average amount earned per academic year	List all schools you have been accepted to for admission
Expected graduation date	

Any other information you feel we should consider. (Attach additional sheet if necessary.)

IV. Household financial information

(Note: Household is defined as the residence wherein the injured parent or legal guardian lives or lived at the time of injury.)

As an alternative to completing page 5 of the SFM Foundation application regarding financial information, you may attach a completed FAFSA form if available. All financial information should be based on most recent available tax records at time of application.

A. Parental information

<p>What was your parents' adjusted gross income? Adjusted gross income is on IRS form 1040 line 37; 1040A line 21; or 1040EZ line 4.</p>	<p>Annual amount of child support paid because of divorce or separation or as a result of a legal requirement.</p>
<p>Enter the amount of your parents' income tax. Income tax amount is on IRS Form 1040 line 56; 1040A line 35; or 1040EZ line 44.</p>	<p>Your parents' number of family members in most recent tax year. Include in your parents' household: (1) your parents and yourself, even if you don't live with your parents, (2) your parents' other children if your parents will provide more than half of their support.</p>
<p>How many people in your parents' household will be college students when you enroll? Always count yourself. Do not include your parents. Include others only if they will attend, at least half-time in a program that leads to a college degree or certificate.</p>	

B. Parent asset information

<p>As of today, what is your parents' total current balance of cash, savings and checking accounts?</p>	<p>In the current year or one year prior, did you or anyone in your household receive benefits from any of the benefits programs listed? <i>Mark all the programs that apply.</i></p> <p><input type="checkbox"/> Social Security Income \$ _____</p> <p><input type="checkbox"/> Work Comp Settlement or payments \$ _____</p> <p><input type="checkbox"/> Disability Insurance Payment \$ _____</p> <p><input type="checkbox"/> Welfare \$ _____</p>
<p>As of today, what is the net worth of your parents' investments, including real estate (not your parents' home)?</p>	
<p>As of today, what is the net worth of your parents' current businesses and/or investment farms?</p>	
<p>Child support received for all children.</p>	

C. Student finances

<p>What was your adjusted gross income? Adjusted gross income is on IRS Form 1040 line 37; 1040A line 21; or 1040EZ line 4.</p>	<p>Enter the amount of your income tax.</p>
<p>How much did you earn from working in most recent tax year? Answer the question whether or not a tax return was filed. This information may be on the W-2 forms, or on IRS Form 1040 lines 7 + 12 + 18 + Box 14 of IRS Schedule K-1 (Form 1065); 1040A line 7; or 1040EZ line 1.</p>	<p>Grant and scholarship aid reported to the IRS in the adjusted gross income.</p>

D. Student asset information

<p>As of today, what is your total current balance of cash, savings and checking accounts?</p>	<p>As of today, what is the net worth of your investments, including real estate (not your home)?</p>
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E. Other information

<p>Is any member of your household currently a plaintiff/claimant in a lawsuit from which additional income or settlement may be awarded? If so, please explain.</p>	<p>Money received, or paid on your behalf, not reported elsewhere on this form.</p>
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V. Assistance with application

List names and telephone numbers of all who assisted with preparation of this document

SFM Foundation Scholarship

Statement of intent/authorization for release of information

By signing below I hereby acknowledge:

- That I am applying for a scholarship through SFM Foundation.
- That the above information is true and accurate to the best of my knowledge.
- That I hereby agree to allow the school I attend to send a copy of each semester's grades to SFM Foundation. It is fully understood that compliance in this matter is necessary for funds to be paid on a regular basis.
- That I authorize SFM Foundation, affiliates and any of its employees, assigns or agents to contact the persons or organizations I have listed (or others) as needed to research my qualifications for this scholarship.

SFM Foundation pledges all personal information regarding the applicant will be kept confidential by SFM Foundation and not disclosed to any other person without the applicant's prior consent. However, in return for the consideration of the application form, SFM Foundation is allowed to use applicant's name, photo, and general information to advance the charity's purpose and for reporting requirements. This includes information to prospective donor groups and individuals to further the goals of SFM Foundation.

I hereby acknowledge that I have read and agree to the above statements.

Signature

Printed name

Date

Additional documents you need to provide with your application

To ensure that your Scholarship Application is reviewed and processed timely, it is important to include *all* necessary documentation.

The items you are required to provide:

- 1) **SFM Foundation Scholarship application form** — completed and signed.
- 2) **Certified high school transcript** (must include grades and attendance). Note: If you have previously attended or are currently attending college, the previous semester's college certified transcript is required.
- 3) **Copy of your recent school identification card** or valid state driver's license/identification card.
- 4) **Two original letters of recommendation.** Note: Must not be from a relative.
- 5) **Brief description of nature and extent of parent or legal guardian's injury.** Describe on application Section II A or attach additional sheet if necessary.
- 6) **Certified death certificate of parent or legal guardian** (if applicable).
- 7) **First Report of Injury.** This is a state report verifying the work-related injury. Can be obtained from date-of-injury employer, the employer's workers' compensation insurance company, your attorney (if applicable) or the Minnesota Department of Labor and Industry, Wisconsin Department of Workforce Development, or Iowa Workforce Development. To view a sample copy see —
 - Minnesota: [view sample >](#)
 - Wisconsin: [view sample >](#)
 - Iowa: [view sample >](#)
- 8) **Verification of college acceptance** and/or past attendance.
- 9) **Estimated costs:** registration, tuition, textbooks, and living expenses (room and board).
- 10) **One-page explanation letter:** educational goals and need for financial assistance.
- 11) **FAFSA form if not completing page 5** of SFM Foundation application.

If you have questions regarding completion of the Scholarship Application, you may contact us at SFM Foundation, P.O. Box 582992, Minneapolis, MN 55458-2992. Telephone (855) 621-2076. Email info@sfmfoundation.com.

This application information and application form may be downloaded at
www.sfmfoundation.com/application.pdf

More information about the SFM Foundation scholarship program is available at
www.sfmfoundation.com



www.facebook.com/sfm.foundation



www.twitter.com/sfmfoundation



www.linkedin.com/company/1505370

Mailing address:

SFM Foundation

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