



BOARDWALK PIPELINE PARTNERS, LP SCHOLARSHIP PROGRAM

TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES

Completeness and neatness ensure your application will be reviewed properly.

Application postmark deadline February 15, 2016

**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 _____ ZIP Code _____
 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

**PARENT
OR
GUARDIAN
INFORMATION**

Last Name _____ First _____ Middle Initial _____
 Address _____
 Relationship to Applicant _____ Day Telephone (_____) _____
 Email Address _____ Fax Number (_____) _____

**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. College Other, explain _____

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

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

Degree sought: Bachelor Other _____

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** (e.g., food server, babysitting, lawn mowing, office work). 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
				YES / NO
				YES / NO
				YES / NO
				YES / NO

ACTIVITIES, AWARDS AND HONORS

List all school activities in which you have participated during the **past four years** (e.g., student government, music, sports, etc.). List all community activities in which you have participated without pay during the **past four years** (e.g., Boy/Girl Scouts, hospital volunteer, Special Olympics). Note all special awards, honors and offices held.

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.

OTHER CIRCUMSTANCES

Due to family needs or special circumstances, have you been unable to work, to participate in additional school activities, or to offer community services? Have these needs or circumstances affected your personal achievements? Each candidate should also outline any personal influence that positions them to seek additional educational credits. Please describe:

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 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 _____ Organization _____ Date _____

TRANSCRIPT INFORMATION

A current complete transcript of grades **must** be sent with this application. Grade reports are not acceptable. All applicants **must** include a high school transcript of grades and have this section completed by the appropriate school official. **(A clear explanation of the high school's grading scale must also be submitted.)**

Applicant ranks _____ in a class of _____	Cumulative Grade Point Average		SAT			ACT				
	Weighted: _____ /4.0 scale		Critical Reading	Math	Writing	English	Math	Reading	Science	Composite
	Unweighted: _____ /4.0 scale									

School Official's Signature _____ Date _____ Title _____ Telephone (_____) _____
 School Official's Address: Street _____ City _____ State _____ ZIP Code _____

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 you have submitted all of the following materials:

- Student Application with completed Applicant Appraisal
- Current Complete Transcript(s) of Grades (including grading scale)

All materials, including transcript, must be addressed to:

Boardwalk Pipeline Partners, LP Scholarship Program
 Scholarship Management Services
 One Scholarship Way
 Saint Peter, MN 56082

Postmark deadline February 15, 2016

CERTIFICATION

Scholarship Management Services has the sole responsibility for selecting recipients based on criteria as set forth in the program's descriptive brochure. This application becomes the property of Scholarship Management Services. (It is recommended that 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. Falsification of information may result in termination of any award granted.

Applicant's Signature _____ Date _____
 Parent's Signature _____ Date _____