

2021-2022 Application

You can also apply online at blandinfoundation.org/educationgrants

1. Name _____ Maiden Name *(if married)* _____
(last) (first) (full middle name)

2. Preferred Student
Email Address _____
(this is how we will communicate with you)

3. Daytime Phone _____
(for text or call)

4. Permanent Mailing Address _____
(street) (city) (country) (state) (zip)

5. Date of Birth _____ 6. Student SSN (last 4 digits) _____

7. High School Attended _____ High School Graduation *(month/year)* _____

8. College/Technical College (2021-22) _____

**Cannot leave blank. If undecided, please list the college/technical college you are most likely to attend.
Going to ICC? You will need to complete a different form. Please contact ICC at www.itascacc.edu/campus-services/student-services**

Institution Address _____
(please notify us immediately if you change schools)

Have you ever received a Blandin Foundation Education Grant? yes no

Did your parent(s) pursue a college education? yes no

9. How did you hear about this Blandin Foundation Program? _____

10. Demographic Information

The following questions help Blandin Foundation better understand who is participating in our programs, including Education Grants. **PLEASE NOTE:** Providing this information does **NOT** affect your eligibility for an Education Grant.

Gender Identity Female Male Prefer to Self-describe: _____

Sexual Orientation _____

Race/Ethnicity *(select all that apply)*

African American/Black Asian Caucasian Hispanic/Latino Native American/American Indian

Pacific Islander Additional Race/Ethnicity *(please list)* _____

Are you currently experiencing poverty? yes no

Have you ever experienced poverty? yes no

Do you identify as someone with a disability or impairment? yes no

If you answered "yes", please provide more information _____

Please remember to include:

- 2019 federal tax return for parent and student.
(Blandin Foundation reserves the prerogative to request additional financial documentation as needed.)

Note: Please do NOT send us your Minnesota state income tax form.

Unusual Circumstances - Additional Supporting Documents Needed!

Are there unusual circumstances that have a direct impact on your financial need? Has your family experienced a drop in income in recent months due to loss of employment, divorce or death? Has your family experienced high out-of-pocket medical costs during the past year? Part-time scholarships (6-11 credits) are also available to applicants with unusual circumstances, such as illness, courses not offered during a specific semester/quarter or work-related issues. Therefore, if you plan to be enrolled part-time, or have experienced other unusual circumstances, additional paperwork must be completed and returned to the Blandin Foundation.

Please contact LuAnn Robinson at (218) 326-0523 or email: educationgrants@blandinfoundation.org. Your situation will be taken into consideration when award decisions are made in late April.

Questions?

Call LuAnn Robinson at (218) 326-0523 or email: educationgrants@blandinfoundation.org.

Certification

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in termination of any education grant approved.

Date

Signature



Blandin Foundation™
STRENGTHENING RURAL MINNESOTA

100 North Pokegama Avenue
Grand Rapids, MN 55744 USA
(218) 326-0523
(218) 327-1949 (fax)
email: educationgrants@blandinfoundation.org
www.blandinfoundation.org

Financial Aid Information Release Form

Required to complete your application.

Date _____

Dear Financial Aid Director, MOHE Representative and/or Blandin Foundation:

I have applied for an educational award from the Blandin Foundation, a private foundation which administers a number of awards for area students.

Please provide them with any information they request regarding my financial aid package, GPA, need analysis results or information (ISIR) I provided on the FAFSA. This will enable them to determine if I meet the need-based criteria necessary to receive an award. Thank you for your assistance in this process.

I acknowledge and authorize the Blandin Foundation's use of my name, address, educational institution, and scholarship award as required by law on its annual 990PF tax return, as well as the use of my name, educational institution and scholarship award in print and online publications.

Sincerely,

Student Signature

Student Printed Name

Student SSN (last 4 digits)