2125 Curve Court Steamboat Springs, CO 80487 www.liftuprc.org 970.870.8804

Our Mission:

Founded on the Judeo-Christian commitment of ministry to those in need, LiftUp provides charitable assistance to meet basic human needs, while promoting personal growth and self-sufficiency.

Eligibility:

Students already enrolled in or planning to enroll in college, trade or vocational school for either a degree or certification.

Deadline:

Email completed application to LiftUp by April 15 for Fall consideration, and November 1 for Spring consideration: communitysupport@liftuprc.org. Applications must be submitted electronically.

Resources:

Steamboat Springs Public Library: 1289 Lincoln Ave, Steamboat Springs, CO 80487

Hayden Public Library: 201 E. Jefferson Ave. Hayden, CO 81639

Oak Creek Public Library: 227 Dodge Ave, Oak Creek, CO 80467

Checklist:

Please include the following attachments with this fully-completed application:

- O Resume with high school and community activities
- 2 current letters of recommendation: one academic, one from community member
- Unofficial transcript(s) from Infinite Campus or college transcript
- A copy of your SAR (Student Aid Report) from your FAFSA application
- On a separate page, please answer these questions:
 - 1. How do you see your academic accomplishments impacting your community?
 - 2. Describe yourself as a student: share your strengths and weaknesses (100 words)
 - 3. Describe a personal challenge or adversity you've experienced, and how you were able to overcome that obstacle (minimum 250 words, not to exceed 500 words)

If you have questions or need help with your application, please call us! Incomplete applications will not be considered.

Applicant's	Name:					
Mailing Ad	dress:					
Home Phor	ne:		Cell Phone	e:		
Email addr	ess:					
Highest lev	el of education attained	d by parent	(s)			
College/Tro	ade/Vocational School y	ou hope to	attend:			
Expected g	raduation date:				Date Taken ved: GRANTING INSTITUTION	
SAT Scores	(if applicable): Math	Rea	ding	Total	Date Taken	
ACT Score	Composite (if applicable)		_ Date Tak	en		
High Schoo	ol GPA (after 7 th semeste	er) (if applice	able):			
List all scho	olarships, grants, or oth	er gift aid t	hat you have i	received:		
YEAR NAME/TYPE OF AWARD			RD AMOUNT GR		ANTING INSTITUTION	
Are you Pe	ll-qualified? Yes/No	If "Y	es," expected f	amily cont	ribution:	
Employme	nt History:					
EMPLOYE	R NAME AND ADDRESS	YOUR	JOB TITLE AND D	DUTIES	DATES OF EMPLOYEMNT	

BoardBooks/Tools/Materials				
INCOME	GUIDELINES			
Priority consideration will be given to those whose family income fall				
within the guidelines below. Please select your household size and lis				
your family	y's gross monthly	household income	in the blank provided	
to the righ				
Househole	•	Total gross	Your family's	
size	household	household	gross household	
	monthly	annual	annual income	
	income	income		
	guideline	guideline		
1	\$2,513	\$30,150		
2	\$3,383	\$40,600		
3	\$4,254	\$51,050		
4	\$5,125	\$61,500		
5	\$5,996	\$71,950		
6	\$6,867	\$82,400		
7	\$7,738	\$92,850		
8	\$8,608	\$103,300		
ig your las	st tax return:			
			Date	

I hereby certify the information on this is accurate and I consent to the release of a transcript by the counseling office to the Scholarship Committee and the scholarship sponsors.