KNOW MORE
Scholarship Program

Attention: Robert Schafbuch
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319-322-8257 · rschafbuch@knowmoreusa.org

Information & Application

Know More provides educational scholarship funds, drawn from a controlled fund, to help applicants pursue school or job-training programs.

ELIGIBILITY

- You must be a U.S. citizen.
- You must have been released from prison for a period of one year or longer.

FUNDING

The Scholarship Committee **meets quarterly** to review applications.

Award amounts are determined case by case by the Scholarship Committee.

Funding is limited. Submitting an application does not guarantee a scholarship award.

USE OF FUNDS

Funds are paid **directly to the provider** to cover:

- Tuition
- Books
- Fees (e.g., technology, lab fees)

SELECTION

The Know More Scholarship Committee determines applicant eligibility and selects recipients. Applicants must meet the requirements above and provide the proper paperwork.

Applicants will be notified by U.S. Mail and/or telephone within one week if selected.

HOW TO APPLY

1. Complete all six sections of this application. Print clearly in blue or black ink.
2. Sign and date Section 6.
3. Return by mail to the address above, or email a scan to **rschafbuch@knowmoreusa.org**.

1 APPLICANT INFORMATION

LAST NAME | FIRST NAME | MIDDLE

STREET ADDRESS | APT / UNIT

CITY | STATE | ZIP CODE

EMAIL ADDRESS | PHONE | OTHER PHONE

2 EDUCATIONAL BACKGROUND

List schools attended, including high school, trade/business school, and college.

SCHOOL / PROVIDER NAME AND ADDRESS	DATES ATTENDED	DIPLOMA RECEIVED?

3 EMPLOYMENT HISTORY

List your employers, starting with the most recent.

EMPLOYER NAME AND ADDRESS	JOB TITLE	DATES EMPLOYED

4 PROGRAM YOU ARE APPLYING FOR

Have you been accepted into this school or program? ☐ Yes ☐ No ☐ Pending

NAME OF SCHOOL / PROGRAM

STREET ADDRESS

CITY | STATE | ZIP CODE

PROGRAM / COURSE OF STUDY | START DATE | EXPECTED COMPLETION

ESTIMATED COSTS

TUITION | BOOKS | FEES / OTHER | TOTAL REQUESTED

$ | $ | $ | $

Are you receiving, or have you applied for, other financial aid for this education? ☐ Yes ☐ No

IF YES, SOURCE OF AID | AID AMOUNT

$

5 PERSONAL STATEMENT

Tell the Scholarship Committee about yourself: why you chose this school or program, and what you plan to do after you finish. Attach additional pages if needed.

Personal statement (continued)

6 CERTIFICATION & SIGNATURE

I declare that the information in this application is, to the best of my knowledge, true, correct, and complete. By signing, I authorize Know More to obtain information as needed to verify the information provided. I understand that submitting this application does not guarantee a scholarship award, and that awards are made at the sole discretion of the Scholarship Committee.

APPLICANT'S PRINTED NAME	APPLICANT'S SIGNATURE	DATE

Questions? Contact Robert Schafbuch at 319-322-8257 or rschafbuch@knowmoreusa.org.

KNOW MORE USE ONLY

Date received _____

Referred to _____

Disposition _____

Award amount $_____