



A. O. Smith Corporation Scholarship Program

TYPE OR PRINT ALL INFORMATION IN ENGLISH EXCEPT SIGNATURES

Completeness and neatness ensure your application will be reviewed properly.

Application deadline March 31

FOR SCHOLARSHIP AMERICA USE ONLY

I.D. #	AA	PD	RIC/CS	GPA	SATV	SATM	ACTE	ACTM	TOTAL

APPLICANT DATA

Last Name _____ First _____ Middle Initial _____

Permanent Home Mailing Address _____ Apartment _____

City _____ State/Province _____ Postal Code _____ Country _____

Telephone (_____) _____ Date of Birth: Month _____ Day _____ Year _____

E-mail 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

EMPLOYEE PARENT OR GUARDIAN INFORMATION

Last Name _____ First _____ Middle Initial _____

E-mail Address _____

Job Title _____ Division/Subsidiary _____

City _____ State/Province _____ Postal Code _____ Country _____

Relationship to Applicant _____ The applicant is a dependent of the employee Yes No

HIGH SCHOOL/UPPER SECONDARY DATA

School Name _____ High School Graduation Date: Month _____ Year _____

City _____ State/Province _____ Country _____

Telephone (_____) _____

UNIVERSITY OR POST-SECONDARY SCHOOL DATA

Name of university or post-secondary school you plan to attend. Use official school name, do not use abbreviations. _____

City _____ State/Province _____ Country _____

4 yr. College or University 2 yr. Community or Junior College Graduate Study Year in school next year:

Vocational-Technical School Other, explain _____ 1 2 3 4 5

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

If space provided in any section is inadequate, you may continue on additional sheets of paper using 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, baby-sitting, lawn mowing, office work). Indicate dates of employment for each job and approximate number of hours worked each week. List amounts earned at each job.

Employer/Position	From-Month-Year	To-Month-Year	Hours per Week	Paid? Yes or 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. Indicate whether high school or college activities.

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.

UNUSUAL CIRCUMSTANCES

Please describe how and when any unusual family or personal circumstances have affected your achievement in school, work experience, or your participation in school and community activities.

TRANSCRIPT INFORMATION

U.S. STUDENTS ONLY

An official or unofficial transcript of grades or academic report must be sent with this application; grade reports are not acceptable.

1. Students currently or previously enrolled in college, university or vocational-technical school must include all college, university, or vo-tech transcripts of grades from each school attended. (Completion of this section is not necessary.)
2. High school seniors and students who have completed less than one full quarter or semester of post-secondary education must include a high school transcript of grades and have this section completed by the appropriate school official. (A clear explanation of the school's grading scale must also be submitted.)

Applicant ranks _____ In a class of _____	Cumulative Grade Point Average		SAT 1 (U.S. only)		ACT (U.S. only)	
	Weighted _____ /4.0 scale		Verbal	Math	English	Math
	Unweighted _____ /4.0 scale					

School Official's Signature _____

Date _____ Title _____ Telephone (_____) _____

School Official's Address _____

City _____ State/Province _____ Postal Code _____ Country _____

NON-US APPLICANTS ONLY

Provide clear photocopies or scans of the following education documents from the past four years:

- Transcript of grades or academic record. Transcripts must display student name, grade, and credit hours earned for each course and the term in which each course was taken;
- Secondary school credential/diploma/certificate, if earned;
- Results of examinations

PARENTS' FINANCIAL DATA

U.S. STUDENTS ONLY

INSTRUCTIONS FOR THIS SECTION ARE PROVIDED IN THE BROCHURE

The A. O. Smith employee must complete this portion of the application. This data will be used to determine the award amount should the applicant be selected as a recipient. Adjusted gross income and total federal income tax amounts should be from parents' most recently filed tax return. If this section is not completely filled out or if the applicant does not demonstrate financial need, the student will be considered for a minimum award only.

1. State/Province of Residence _____	6. Medical and Dental Expenses not paid by insurance (exclude premiums) \$ _____
2. Adjusted Gross Income \$ _____	7. Total Cash, Checking, Savings, and Cash Value of Stocks (exclude retirement plan funds, IRA, 401K) \$ _____
3. U.S./Canadian Federal Tax Paid (Not the amount withheld from paychecks) \$ _____	8. Total number of family members living in the household and primarily supported by the reported income # _____
4. Total Income of Father \$ _____	9. Marital status of employee parent of guardian: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Single
Total Income of Mother \$ _____	
5. Yearly Untaxed Income and Benefits: Please indicate source: <input type="checkbox"/> Social Security <input type="checkbox"/> Child Support <input type="checkbox"/> Other _____ \$ _____	10. Total number of family members attending college at least half-time during the next school year, including applicant # _____

APPLICATION CHECKLIST

The student is responsible for submitting all materials to Scholarship America on time. Incomplete applications will not be evaluated. This application becomes complete and valid only when Scholarship America has received all of the following materials:

- Student Application
- Current Complete Transcript(s) of Grades or Academic Report

Postmark deadline March 31

All materials, including transcript, must be addressed to:

A. O. Smith Corporation Scholarship Program
Scholarship America
One Scholarship Way
Saint Peter, MN 56082 USA

CERTIFICATION

Scholarship America 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 America. (It is recommended that you keep a copy for your files.)

I acknowledge decisions of Scholarship America are final. I certify that I meet the basic eligibility requirements of the program as described in the brochure and that the information provided is complete and accurate to the best of my knowledge. If requested, I agree to provide proof of information I have given on this form, including a copy of my U.S. or Revenue Canada Income Tax Return. Falsification of information may result in termination of any scholarship granted.

Applicant's Signature _____ Date _____

Employee's Signature _____ Date _____