

Applications will be accepted each year  
from July 1st through October 15th

Applications are to be sent to President of the  
Board using one of the following options:

Email

president@irconu.org

or

Postal Mail:

IRCONU

Scholarship / Attn: President of the Board

PO Box 3131

Ogden, UT 84409-3131



## THE POWER, STRENGTH AND WISDOM SCHOLARSHIP AND FUND



The Power, Strength and Wisdom Scholarship and, founded in 2010 by Emperor IX Stephen Ferguson and administered through the Imperial Rainbow Court of Northern Utah, is available to members of the Community, or their children, who reside within Northern Utah. Applicants must be pursuing their education through the secondary level and beyond, and require financial assistance to that end.

### **Criteria of Eligibility** To be eligible, a candidate must:

1. Must be a resident of Utah for at least one year.
2. Be in demonstrated need of financial assistance.
3. Must be pursuing an education beyond the secondary level in one or more of the following areas: College/University, Trade/Vocational, or the Arts.
4. Be applying for, accepted for enrollment, or enrolled in accredited educational program beyond the secondary level within Northern Utah.
5. Scholarships are given out in November of each year. To be eligible you must be attending or enrolled in school by Jan of the following year.
6. Evidence the potential to successfully complete the selected program of study.

### **Method of Selection**

A Scholarship Review Committee will be composed of Board members of the I.R.C.O.N.U. The selection panel to make the decision on choosing the recipients will be the President of Board, Emperor and Empress, President of College, Emperor IX Steve & Empress IX Dominique. Personal interviews may be arranged for application finalists if deemed necessary. Recipients for the scholarship will be chosen on completion of interviews with the finalists who meet criteria of eligibility. The scholarship applications will be distributed to Financial Aids Offices and placed on the IRCONU Website by July 1st of that year and returned/postmarked to the IRCONU by October 15th.

Applications can be mailed to:

I.R.C.O.N.U.  
Attn: Scholarship Fund  
P.O. Box 3131  
Ogden, Utah 84409-3131

*For questions or additional clarification, please contact us through email:  
President@IRCONU.org*

# The Power, Strength, and Wisdom Scholarship Application

All information obtained from this application will be held in strict confidence and will only be used for the purposes of selecting eligible recipients of the Scholarship.

The IRCONU and Selection Committee will consider each eligible application without regard to Race, Color, Sex, Age, Sexual Orientation, Gender Identity, Religion, National or Ethnic Origin.

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ Sex: \_\_\_\_\_

\_\_\_\_\_ SSN: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Other \_\_\_\_\_

How long have you lived in the State of Utah? \_\_\_\_\_

To which accredited College, University, Trade, or Vocational School, have you applied to, been accepted to, or are currently enrolled in? \_\_\_\_\_

Enrollment Status: FT \_\_\_\_\_ PT \_\_\_\_\_ Current GPA \_\_\_\_\_

Curriculum/Degree/Area of Study/Major: \_\_\_\_\_

## Educational Background:

|                          |   |   |   |
|--------------------------|---|---|---|
| Do you currently have a: | High School Diploma                     | Y | N |
|                          | General Education Degree (GED)          | Y | N |
|                          | Other degree(s)<br>(if yes, list below) | Y | N |

Degree

Granting Institution

Degree Date

---

---

---

List any activities or Volunteer work experience that you feel are important:

---

---

---

List any Awards or Honors you have received: (School, Civic, Community)

---

---

---

List any Specialized training, courses, or workshops you have completed:

---

---

---

**Statement of Financial Need: (Required Information)**

What is the anticipated financial need during the period of your schooling? \_\_\_\_\_

During the next academic period? \_\_\_\_\_

Period in which you anticipate the need for financial aid:

From: \_\_\_\_\_ / \_\_\_\_\_                      To: \_\_\_\_\_ / \_\_\_\_\_  
Month      Year    Month      Year

List other Scholarships/Loans you have applied for and/or received for the above time period:

---

---

Statement of Financial Need (continued)

List any other Scholarships/Loans you have previously received: \_\_\_\_\_

Do you plan to work during the above time period?            Y / N            FT            PT

Are you currently employed?            Y / N            How long? \_\_\_\_\_

Employer: \_\_\_\_\_

Anticipated Income for Aid Period:

|                 |          |       |          |
|-----------------|----------|-------|----------|
| Employment      | \$ _____ |       |          |
| Savings         | \$ _____ |       |          |
| Scholarships    | \$ _____ |       |          |
| Loans           | \$ _____ |       |          |
| Parents/Partner | \$ _____ |       |          |
| Other           | \$ _____ | Total | \$ _____ |

Anticipated Expenses for Aid Period:

|                 |          |       |          |
|-----------------|----------|-------|----------|
| Tuition/Fees    | \$ _____ |       |          |
| Books/Supplies  | \$ _____ |       |          |
| Living Expenses | \$ _____ |       |          |
| Medical/Dental  | \$ _____ |       |          |
| Insurance       | \$ _____ |       |          |
| Child Care      | \$ _____ |       |          |
| Other (Explain) | \$ _____ | Total | \$ _____ |

**Additional Information**

On an attached sheet please provide any additional information regarding your background, goals, aspirations, accomplishments, dreams, hopes, and other information that you think would help the review committee evaluate your request. We recommend that you also submit any other information that you may deem helpful such as, references, transcripts, copies of personal/parents tax returns, etc. Please note, the more information you provide may increase your chances of dispersment.

I have read and understand the criteria of eligibility and the method of selection regarding the Power, Strength, and Wisdom Scholarship. I understand that if I am the recipient of this scholarship that my name may be published in local news publications, and could be announced at events publicizing the scholarship. If you would prefer not to have your name publicized, please let us know, it will not effect your chances or decision.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*IRCONU USE ONLY\*\*\*\*\*

Application:            Approved / Denied            Date: \_\_\_\_\_

Approved Amount:    \$ \_\_\_\_\_