

## THROUGH JOSHUA'S EYES SCHOLARSHIP APPLICATION

TJE has established this scholarship for a graduate of Des Moines County, Iowa high school that has been impacted by a person with special needs.

### PERSONAL INFORMATION

Name \_\_\_\_\_

**Attach photo  
if available**

Home Address \_\_\_\_\_  
\_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Number of dependent children listed on income tax return \_\_\_\_\_

Number of dependent children attending college next year (including yourself) \_\_\_\_\_

Parents' approximate yearly gross income \_\_\_\_\_

### SCHOOL INFORMATION

High School Name \_\_\_\_\_

Number in graduating class \_\_\_\_ Rank in class \_\_\_\_ Grade Point Average \_\_\_\_

ACT Composite College-bound Percentile \_\_\_\_\_

SAT Composite College-bound Percentile \_\_\_\_\_

College or University you plan to attend next year \_\_\_\_\_

Major in college \_\_\_\_\_ Minor \_\_\_\_\_

### WORK

Do you currently work part-time? \_\_\_\_\_

Place of Employment \_\_\_\_\_

Position \_\_\_\_\_ Length of Employment \_\_\_\_\_

Your approximate yearly income \_\_\_\_\_

What do you anticipate your cost to be for college? \_\_\_\_\_

How much will your parents contribute? \_\_\_\_\_

Have you applied for any other scholarships, and if so, how many? \_\_\_\_\_

**SCHOOL ACTIVITIES** (organizations, athletics, music, etc.)

Name each activity, number of years participated, and any offices held.

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**COMMUNITY ACTIVITIES** (volunteer, scouts, church, any leadership positions)

Name each activity, number of years participated, and any offices held.

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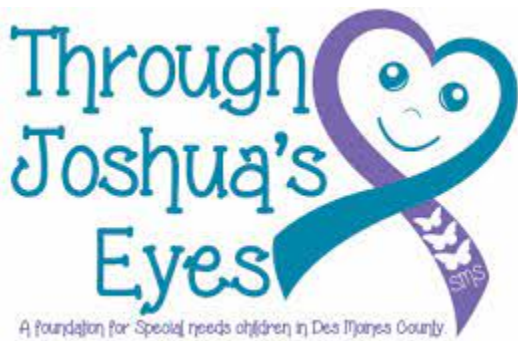
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**OTHER DOCUMENTS NEEDED**

- Appropriate high school or college transcript
- A letter of recommendation from a teacher, principal, counselor, or professor
- On a separate sheet of paper, in 100 words or more, explain how a person with special needs has impacted your life.



## THROUGH JOSHUA'S EYES

### ANNUAL SCHOLARSHIP REQUIREMENTS

- I. Requirements
  - A. Applicant must be a graduate of a Des Moines County, Iowa high school.
  - B. Applicant must show qualities of leadership, demonstrate success in academics, and be involved in extracurricular activities and/or community activities.
  - C. Need will be considered but will not be the most important criteria.
  - D. All items of the application must be completed
- II. The amount of \$300 will be awarded as approved by the Through Joshua's Eyes Board. Payment shall be made to the college or university Business of Financial Aid office which the recipient shall attend in the fall of the current year.
- III. Through Joshua's Eyes Board shall have the responsibility of selecting the recipient.
  - A. Permission is granted to release this information to persons responsible for the selection of recipients of scholarships.
  - B. Permission is granted for a press release if I am a recipient.

Signature of Applicant \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Any person interested in applying for the scholarship shall direct an application to:

Through Joshua's Eyes  
Atten: Pat Heitmeier  
P.O. Box 192  
Mediapolis, Ia 52637

All applications must be received by March 31, 2026