

STUDENT APPLICATION

APPLICANT INFORMATION

Last	First	Middle Initial
Permanent Mailing Address Street		
City	State	Zip Code
	Social Security/Soc (last four digits only	cial Insurance No.
Phone	Email	
T EMPLOYEE INFORMAT	ION (APPLICANT'S PARENT OR GU	UARDIAN)
_ast	First	Middle Initial
	Department	Start date of
City	State	Depot
	Social Security/So No. (last four digit	ocial Insurance
ELIGIBILITY Applicants must be children of Retime (32 hours or more per week) s	staurant Technologies employees/guardians who	have completed at least 52 weeks of continuous full-
Phone ELIGIBILITY Applicants must be children of Retime (32 hours or more per week) s	staurant Technologies employees/guardians who service as a Restaurant Technologies, Inc. employ	have completed at least 52 weeks of continuous full-
Phone ELIGIBILITY Applicants must be children of Retime (32 hours or more per week) s in the year of application and on the	staurant Technologies employees/guardians who service as a Restaurant Technologies, Inc. employ	have completed at least 52 weeks of continuous full- yee as of February 28, 2019 and must be an employee Date of
Phone ELIGIBILITY Applicants must be children of Restime (32 hours or more per week) s in the year of application and on the second s	staurant Technologies employees/guardians who service as a Restaurant Technologies, Inc. employ ne date(s) when any scholarship award is paid.	yee as of February 28, 2019 and must be an employee Date of Graduation
Phone ELIGIBILITY Applicants must be children of Retime (32 hours or more per week) s in the year of application and on the SCHOOL Name of School	staurant Technologies employees/guardians who service as a Restaurant Technologies, Inc. employ ne date(s) when any scholarship award is paid.	Dhave completed at least 52 weeks of continuous full- yee as of February 28, 2019 and must be an employee Date of Graduation
Phone ELIGIBILITY Applicants must be children of Restime (32 hours or more per week) sin the year of application and on the second se	staurant Technologies employees/guardians who service as a Restaurant Technologies, Inc. employee date(s) when any scholarship award is paid. State Name of postsecondary school you plan to at	Date of Graduation Zip Code
Phone ELIGIBILITY Applicants must be children of Restime (32 hours or more per week) sin the year of application and on the street IGH SCHOOL Street City OSTSECONDARY SCHOOL hools to which applications for administration and street a	staurant Technologies employees/guardians who service as a Restaurant Technologies, Inc. employee date(s) when any scholarship award is paid. State Name of postsecondary school you plan to at	Date of Graduation Zip Code Zip Code
Phone ELIGIBILITY Applicants must be children of Restime (32 hours or more per week) s in the year of application and on the second s	staurant Technologies employees/guardians who service as a Restaurant Technologies, Inc. employee date(s) when any scholarship award is paid. State Name of postsecondary school you plan to attnission have been sent.)	Date of Graduation Zip Code Zip Code State
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Phone ELIGIBILITY Applicants must be children of Retime (32 hours or more per week) s in the year of application and on the IGH SCHOOL Street City OSTSECONDARY SCHOOL Jame of School Jame of School Jame of School Jame of School	State State City City Cear community or junior college Juan Land Juan	Date of Graduation Zip Code ttend. (If unknown, please list in order of preference the State State



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	First			Mic	Middle Initial		
EXPERIENCE Describe nate number of hours worked		during the p	ast four years. Ind	icate dates o	of employment in each jo		
Company/Position	From MM/YYYY	,	To MM/YY	YY	Hours Per Week		
government, music, sports, etc y/Girl Scouts, hospital volunte	er, Special Olympics, etc.).	Indicate all	special awards, hor	nors, and of	fices held. Separate high		
ege activities.* Activity	No. of Years	Spec	ial Awards/Honors		Offices Held		
	No. of Years Participated	Spec	ial Awards/Honors				
		Spec	ial Awards/Honors				
		Spec	ial Awards/Honors				
		Spec	ial Awards/Honors				
		Spec	ial Awards/Honors				
		Spec	ial Awards/Honors				
		Spec	ial Awards/Honors				
		Spec	ial Awards/Honors				
		Spec	ial Awards/Honors				



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APPLICANT N	AME		
Last		First	Middle Initial
GOALS AND A future goals.*	SPIRATIONS Make a statement	of your plans as they relate to your educationa	al objectives, career objectives and
CHARACTER / school and commun	CITIZENSHIP Write how your o	character has been exemplified by school, wor	k experiences, or your participation in
	,		
	*Please attach additional sheets of	paper if more space is required to complete th	e sections above.



STUDENT APPLICATION

st	First	Middle Initial
	KLIST This application for scholarship becomes con information, current complete transcript(s) of grades,	nplete and valid only when it is returned with the student and applicant appraisal to:
2250 P	ucational Foundation ilot Knob Road, Suite #100 ota Heights, MN 55120	
POSTMARK D	DEADLINE: FEBRUARY 28, 2019	
The student is Foundation on	responsible for making sure all materials are time.	e submitted to the RT Educational
	t Application (pages 1-3 completed by applic	cant)
☐ Official	School Transcript Information (page 4 comp	oleted and sent by school official)
☐ Official	Transcript (sent by school official)	
☐ Applica	nt Appraisal(s) (page 5 completed and sent	by a counselor or adviser, an instructor, or
a super	visor who knows applicant well)	
☐ Proof o	f honorable discharge from military (if applic	cable)
	WINNERS WILL BE NOTIFIED BY APRIL 15,	
LECTION OF RECING the decision on acade RTIFICATION In sulviedge. If requested, I ag	PIENTS RT Educational Foundation Board has the smic promise, qualities of leadership and general promiomitting this application, I certify that the information puree to provide proof of information I have given on this ip granted. This application becomes the property of R	sole responsibility for selecting recipients, se, and good citizenship. rovided is complete and accurate to the best of my form. Falsification of information may result in
LECTION OF RECI ng the decision on acade RTIFICATION In sul vledge. If requested, I ag ination of any scholarshi	PIENTS RT Educational Foundation Board has the simic promise, qualities of leadership and general promiomitting this application, I certify that the information paree to provide proof of information I have given on this	sole responsibility for selecting recipients, se, and good citizenship. rovided is complete and accurate to the best of my form. Falsification of information may result in
LECTION OF RECI ng the decision on acade RTIFICATION In sul vledge. If requested, I ag ination of any scholarshi o a copy for your files.	PIENTS RT Educational Foundation Board has the simic promise, qualities of leadership and general promiomitting this application, I certify that the information paree to provide proof of information I have given on this	sole responsibility for selecting recipients, se, and good citizenship. rovided is complete and accurate to the best of my form. Falsification of information may result in T Educational Foundation. It is recommended you
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OFFICIAL SCHOOL TRANSCRIPT INFORMATION

AF	PPLICANT NAME							
La	ast		Firs	t		Mid	dle Initial	
TF	RANSCRIPT INFOR	MATION To be comp	leted by	school official.				
1.	Students currently enroll or vocational/technical so grade and credit hours en is not required.) Official	chool grades. Grade reparned for each course, a	orts are nd term	not acceptable.	Online transcr	ipts must display	y student name,	school name,
	RT Educational Four 2250 Pilot Knob Roa Mendota Heights, M	d, Suite #100						
2.	High school seniors and transcript of grades and should mail the original f	have the following section	on comp	leted by the app				
	RT Educational Four 2250 Pilot Knob Roa Mendota Heights, M	d, Suite #100						
	POSTMARK DEADLINE	: FEBRUARY 28, 2019	9					
A	pplicant Ranks	in class of			Cumulative g	ırade point avera	ge	/4.0 scale
S	AT			ACT				
	Critical Reading Math	Writing		English	Math	Reading	Science	Composite
	ame of school fficial			Title			Phone	
Scl	hool Address							
S	treet							
С	ity		State	е			Zip Code	
						Date		



APPLICANT APPRAISAL

APPLICANT NAME			
Last	First	Mid	dle Initial
APPLICANT APPRAISAL (AT an instructor, or a supervisor who knows application. Please give immediate and	s applicant well. You have been asked t	o provide information in supp	ort of this scholarship
RT Educational Foundation 2250 Pilot Knob Road, Suite #100 Mendota Heights, MN 55120			
POSTMARK DEADLINE: FEBRUA	RY 28, 2019		
The applicant's choice of postsecon □ Extremely appropriate □ Very appr		ate ☐ Inappropriat	e
The applicant's achievements reflec □ Extremely well □ Very well		☐ Not well	
The applicant's ability to set realistic □ Excellent □ Good	c attainable goals is □ Fair	□ Poor	
The quality of the applicant's commi □ Excellent □ Good	itment to school and community is □ Fair	□ Poor	
The applicant is able to seek, find, a □ Extremely well □ Very well	_	□ Not well	
The applicant demonstrates curiosit □ Extremely well □ Very well	-	☐ Not well	
The applicant demonstrates good pr □ Extremely well □ Very well		gh, and completes tasks ☐ Not well	
The applicant's respect for self and ☐ Excellent ☐ Good	others is □ Fair	□ Poor	
Comments*			
*You may attach additional sheets of pap	er if more space is required to complete	the sections above. Answers	s must be 500 words or less.
Name of appraiser	Title	Phor	ne
Business Address			
Street			
City		State	Zip Code
Signature of appraiser		Date	