



## **TBS Scholarship Application**

**2025-2026**

### **Guidelines**

1. The student must be on, or have been on, an IEP during their Secondary education.
2. The student must be graduating in the school year of the award (December or May).
3. The student must be attending a school district which contracts with Timberline Billing Service, LLC for their Medicaid claiming during the application school year. The student should confirm with their district administrator that their district contracts with Timberline Billing Service LLC.
4. The student must have applied to an educational institution for the following school year. This could be a four year private/public school, community college, trade school, or other formal educational program beyond high school. If there are questions regarding the qualifications of a student's planned educational program, please contact Jon Neas at [jon.neas@timberlinebilling.com](mailto:jon.neas@timberlinebilling.com) or (515) 222-0827 Ext 132.
5. The student does NOT have to be enrolled with Medicaid to qualify for this scholarship.
6. This is not a financial needs-based scholarship. Any student who is currently on, or has been on, an IEP during their secondary education and wishes to continue their education/training past high school is eligible to apply. The scholarship may be used for tuition, room/board, transportation, books, or any accommodation necessary for the student to be successful in their learning environment.
7. Students must submit an essay of no more than 500 words. This may also be submitted as a video or audio presentation no longer than 5 minutes that includes:
  - How has your disability affected your school experience (academically, extra-curricular, social, leadership)?
  - How has your disability affected your involvement in the community (work, volunteering, community service, leadership)?
  - What accommodations or supports did you use in school and how did these help you succeed?
  - What are your postsecondary goals and how will higher education benefit you?
8. Application packets will be received until January 15th of the current school year. Application packets will then be judged by a review panel of non-Timberline Billing staff for selection of the five recipients (\$2,000 per award). Please refer to the checklist at the end of this application for the requirements.
9. Scholarship recipients will be notified of the award during a presentation arranged at their graduating school.

## **TBS Scholarship Application**

Before completing this application, please read the eligibility requirements in the “Guidelines” (see above) to determine if you are qualified to receive one of our five annual scholarships (\$2,000 per award).

Your completed application and all supporting documents must be received by 4:00 pm CST on January 15, 2026 (or postmarked prior to January 15, 2026).

The contents of this application and its supporting documents will be kept confidential, and will not be used for any purpose other than the determination of the scholarship awards.

### **Applicant Information:**

**Name:** Last \_\_\_\_\_ **First** \_\_\_\_\_ **M.I.** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_

**Zip** \_\_\_\_\_

**Telephone:**

**Daytime** \_\_\_\_\_ **Evening** \_\_\_\_\_

**High School:** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Male** \_\_\_\_\_ **Female** \_\_\_\_\_

What post-secondary school/college do you plan to attend after graduation?

\_\_\_\_\_

What is your anticipated major or other educational emphasis?

\_\_\_\_\_

How did you hear about our scholarship?

\_\_\_\_\_

Other Extracurricular Activities (please indicate any honors or awards):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Community Service or Work Experience:

---

---

---

---

Do you have a current IEP plan or have you exited? Do not include a copy.

\_\_\_\_ Current \_\_\_\_ Exited

All information on this form and in the attached essay is true and complete to the best of my knowledge and I grant permission for the information contained herein to be shared with the scholarship review panel. If requested by the review panel, I agree to provide proof of the information I have provided on this application and the attachments.

If awarded a scholarship, I release, to Timberline Billing Service LLC, the right to use my name and application information during the award presentation without acknowledging the IEP requirement as a condition of the award.

Signature of Applicant:

---

Date:

---

### **APPLICATION DEADLINE—January 15, 2026**

Application packet must include:

- Cover letter written by the student which identifies the student, their school district, summarizes their postsecondary goals and intent to apply for the scholarship
- Application forms
- An essay or presentation. The essay should be no more than 500 words and may be either written or recorded and transcribed for reading. The presentation should be less than 5 minutes, if video or audio.
- Three letters of recommendation (i.e. school or community)
- A copy of the student's high school transcript

**SEND APPLICATION PACKET TO:**

**TIMBERLINE BILLING SERVICE LLC  
ATTN: TBS SCHOLARSHIP AWARD  
1801 FULLER ROAD  
WEST DES MOINES, IA 50265**

**Or Fax To:**

**(515) 222-0834**

**District Verification**

I verify that the student applying for the TBS Scholarship is scheduled to graduate in the 2025-2026 school year in \_\_\_\_\_ District. I also verify that this student is currently on or has been on an IEP during their secondary education.

Position: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_