



DES MOINES  
DOLLARS *for*  
SCHOLARS

A program of Scholarship America®

TO THE APPLICANT:

*Please complete this application so we can determine your eligibility to receive funds set aside to help students who plan to go on to post-secondary education and who satisfy other criteria designated herein.*

*Des Moines Dollars for Scholars plans to award approximately \$7,000 in community scholarships during the 2010/2011 academic year. Scholarship funds must be used during that time to fund post-secondary (including vocational) education.*

The attached application must be completed to apply for any of the listed scholarships. You are encouraged to complete your sections of the application at your earliest convenience because some scholarships require the submission of additional documents (see scholarship descriptions and checklist). After the screening process is completed, finalists may be requested to sit for an interview.

**Completed applications must be received no later than midnight PST on April 21, 2010.**

Applications and their attachments may be delivered as follows:

- (1) Scan and **e-mail** to [mail@scholarsgetdollars.com](mailto:mail@scholarsgetdollars.com); or
- (2) **Fax** to 206.870.5051, attention: Scholarship Review; or
- (3) **Mail** to *Des Moines Dollars for Scholars*, Post Office Box 98296, Des Moines, WA 98198 (mail early to ensure delivery by the deadline); or
- (4) **Hand-deliver** during business hours to 22659 Pacific Hwy. S., Suite 302, Des Moines, WA 98198.

Applicants are responsible for including all required documents. Late or incomplete applications will not be considered. *It is advisable to call for confirmation that your package has been received.*

Please check any or all scholarships for which you wish to be considered:

- DES MOINES CHAMBER OF COMMERCE / HEALTH CARE SERVICES SCHOLARSHIP
- DES MOINES CHAMBER OF COMMERCE / RONALD MILLHEISLER SCHOLARSHIP
- DES MOINES CHAMBER OF COMMERCE / TRADE SCHOLARSHIP
- DES MOINES DOLLARS FOR SCHOLARS SCHOLARSHIP
- KIWANIS CLUB OF DES MOINES SCHOLARSHIP
- DES MOINES ROTARY SCHOLARSHIP
- DES MOINES YACHT CLUB FIRST MATES SCHOLARSHIP
- POWELL HOMES SCHOLARSHIP
- SOUTHWEST SEATTLE BUSINESS AND PROFESSIONAL WOMEN SCHOLARSHIP
- STEVEN J. UNDERWOOD MEMORIAL SCHOLARSHIP

**Certification and Permission to Use Recipient Information:** I agree that if I am offered and accept an award from Scholarship America®, Des Moines Dollars for Scholars or an affiliated program, such organization may use my name, photograph or likeness, the name of my community, the name and address of my school, the amount of the award, and the name of the post-secondary institution I will attend ("recipient information") in press releases, public announcements, and other promotional materials in all media (including the Internet), to advance the non-profit objectives of Scholarship America and its affiliated programs.

**Veracity:** In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in termination of any scholarship granted.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Signature (if student is less than 18 years old) \_\_\_\_\_

**ID #**

**AWARD AMOUNT**

**PLEASE PRINT OR TYPE**

**APPLICANT DATA**

Mr.  \_\_\_\_\_  
Ms.  Name (Last) (First) (MI) Social Security Number (Optional)

Permanent Address (Street) (City) (State) (Zip)

\_\_\_\_\_  
Date of Birth (month, day, year) Telephone Number E-Mail Address

Name of parent/guardian \_\_\_\_\_

Permanent mailing address of parent/  
guardian if different from applicant  
(Street) (City) (State) (Zip)  
( )  
Telephone Number

**SCHOOL DATA**

High School Attended \_\_\_\_\_ Graduation Date: Month \_\_\_\_\_ Year \_\_\_\_\_

Address \_\_\_\_\_ (Street) (City) (State) (Zip) Telephone Number  
( )

Name of High School Principal \_\_\_\_\_

Name of postsecondary school for which applicant's scholarship is requested: \_\_\_\_\_  
4-year College/University  Vo-Tech   
Community College  Other   
Accredited? Yes  No

Address \_\_\_\_\_ (City) (State) (Zip)

Year in postsecondary program during coming school year: Undergraduate 1 2 3 4 5 or Graduate 6

Student will:  Live on campus  Live off campus  commute

Enrolled:  less than half-time  half-time or more  full-time

Anticipated date of graduation from postsecondary program \_\_\_\_\_  
(month) (year)

Major field of study applicant plans to pursue \_\_\_\_\_

**DEMOGRAPHIC DATA (optional)**

**Please Check All that Apply:**

- African American/Black  Asian/Pacific Islander  Hispanic/Latino  American Indian/Alaska Native
- White/Caucasian  Other (Please Specify) \_\_\_\_\_

--

**OTHER AWARDS**

Please list below the names and amounts of any grants or scholarships that you have been awarded for the coming school year.

Name of Award	Amount	Granted	Pending

**PERSONAL DATA**

Describe your work experience during the **past 4 years**. Indicate dates of employment in each job and approximate number of hours worked each week.

Position	Date From (mo/yr)	Date To (mo/yr)	Hours Per Week

List all school activities in which you have participated during the **past 4 years** (e.g., student government, music, sports, etc.) List all community activities in which you have participated without pay during the **past 4 years** (e.g., Red Cross, church work, volunteer work). Indicate all special awards and honors.

Activity	No. of Years Partic.	Special Awards, Honors, Offices Held	Activity	No. of Years Partic.	Special Awards, Honors, Offices Held

Please attach a brief essay of your plans as they relate to your educational and career objectives and future goals. *(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.)*

## APPLICANT APPRAISAL *(required; reference letters are in addition to this section)*

To be completed by a high school or college counselor or advisor, an instructor, or a supervisor.

You have been asked to provide information in support of this application for financial aid. Please respond to the following statements in a candid manner. When complete, please return to applicant or photocopy this section and return to applicant in a sealed envelope.

The applicant's choice of a postsecondary education program is	<input type="checkbox"/> extremely appropriate	<input type="checkbox"/> very appropriate	<input type="checkbox"/> moderately appropriate	<input type="checkbox"/> inappropriate
The applicant's achievements reflect his/her ability	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's ability to set realistic and attainable goals is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The quality of the applicant's commitment to school and community is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The applicant is able to seek, find, and use learning resources	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates curiosity and initiative	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates good problem-solving skills, follows through, and completes tasks	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's respect for self and others is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor

Comments *(do not name student)* \_\_\_\_\_  
\_\_\_\_\_

*(attach additional sheet if desired)*

Appraiser's Signature \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_ Telephone Number \_\_\_\_\_ ( )

Appraiser's Business Address (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

## TRANSCRIPT INFORMATION

1. **High school seniors and students who have completed less than one full semester** of postsecondary education should include an official high school transcript of grades and have the following section completed by the appropriate school official. (Internet printout is NOT acceptable.)
2. **Students currently enrolled in college or vocational-technical school** should include recent college or voc-tech transcript of grades (Internet printout is acceptable); completion of the following section is not necessary.

Applicant ranks \_\_\_\_\_ in a class of \_\_\_\_\_ Cumulative grade point average \_\_\_\_\_ /4.0 scale

PSAT Verbal \_\_\_\_\_ Math \_\_\_\_\_ SAT Verbal \_\_\_\_\_ Math \_\_\_\_\_

ACT Standard English \_\_\_\_\_ Math \_\_\_\_\_

School Official's Signature \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_ Telephone Number \_\_\_\_\_ ( )

School Address (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

## APPLICATION CHECKLIST:

Be sure you have completed all requirements before sending in application. (Check package weight and postage if mailing.)

See **Scholarship Checklist**  
at [www.scholarsgetdollars.com](http://www.scholarsgetdollars.com)

Deadline for delivery: **April 21, 2010**

Return Application as noted on cover page.

**Thank you!**

**Des Moines Dollars for Scholars**  
Post Office Box 98296  
Des Moines, WA 98198  
Phone: (206) 870-5052 (Attn.: Maggie)