



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 \$6,000 in community scholarships during the 2011/2012 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 1, 2011.

Applications and their attachments may be delivered as follows:

- (1) **Mail** to *Des Moines Dollars for Scholars*, Post Office Box 98296, Des Moines, WA 98198 (mail early to ensure delivery by the deadline); or
- (2) **Hand-deliver** to 22760 Marine View Dr. S., Suite 102, Des Moines, WA 98198 (State Farm Insurance; after-hours drop slot in front door); or
- (3) **Fax** to 206.666.6205, attention: *Scholarship Review* (include cover with name/number of pages sent).

Due to the difficulty in tracking them, please do **not** e-mail scholarship applications.

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 / RONALD MILLHEISLER SCHOLARSHIP
- DES MOINES DOLLARS FOR SCHOLARS SCHOLARSHIP
- DES MOINES ROTARY SCHOLARSHIP
- DES MOINES YACHT CLUB FIRST MATES SCHOLARSHIP
- GERALDINE SORENSEN 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)* _____

Received by: _____ Date: _____

(Dollars for Scholars Chapter Official)

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

Please Check All that Apply:

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

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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 *(optional; reference letters are preferred in lieu of 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 a high school transcript of grades and have the following section completed by the appropriate school official. (Internet printout is acceptable if it reflects grades, ranking and GPA.)
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

Deadline for delivery: **April 1, 2011**

Return Application as noted on cover page.

Thank you!

Des Moines Dollars for Scholars

Post Office Box 98296

Des Moines, WA 98198

Phone: (206) 870-5050 (Attn.: Maggie)