



Office Use Only

Date Received \_\_\_\_\_

## DOLLARS FOR SCHOLARS SCHOLARSHIP COVER LETTER

This form **MUST** be returned to Student Services by **3:20 PM on March 1, 2012**.

### I. Eligibility for “Dollars For Scholars” Scholarship

A Shawano Community High School graduating senior student that has applied to any post-secondary institution is eligible to apply for this scholarship. The Dollars For Scholars scholarship committee does not discriminate based on gender, race, national origin, ancestry, creed, sexual orientation, or physical, mental, emotional, or learning disability.

### II. How To Apply

Eligible students can apply for all scholarships through a single application form. The application forms are scored anonymously by “Dollars For Scholars” Distribution Awards Committee. **Incomplete and/or late applications will be disqualified. Please ask your counselor for assistance if you are unclear about anything.**

### III. Scholarship Value

Dollars For Scholars will be presenting scholarships based on merit only and merit/financial need. The scholarship amounts vary from year to year. The scholarship will be paid after completion of the 1<sup>st</sup> semester. The student will have to provide proof of completion of the 1<sup>st</sup> semester and proof of continued enrollment.

### IV. Criteria For Scholarships

#### *Merit Criteria:*

a. Personal data	Max 80 points
b. Application Appraisal	Max 40 points
c. Converted Rank in Class	Max 80 points
d. English Test Score (ACT)	Max 20 points
e. Math Test Score (ACT)	<u>Max 20 points</u>
Total	240 points

#### *Merit/financial need Criteria:*

a. Personal data	Max 80 points
b. Application Appraisal	Max 40 points
c. Converted Rank in Class	Max 80 points
d. English Test Score (ACT)	Max 20 points
e. Math Test Score (ACT)	Max 20 points
f. Financial Need	<u>Max 160 points</u>
Total	400 points



### DOLLARS FOR SCHOLARS SCHOLARSHIP APPLICATION FORM

Name \_\_\_\_\_ Student ID # \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Parent's Name \_\_\_\_\_ Phone \_\_\_\_\_

I am applying for a scholarship based on \_\_\_\_\_ merit only \_\_\_\_\_ merit and financial need

#### Teacher Appraisal

Please detach the last page of this application and give them to a teacher that knows you well. Use the line below to record the teacher you gave your appraisal form to and the date.

\_\_\_\_\_

#### Certification of Signatures (all applicants must complete this section)

Certification: All information provided is complete and accurate to the best of my (our) knowledge. If asked by a Dollars For Scholars board member, I (we) agree to provide additional proof of information that I (we) have stated on this form.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

#### Financial Need Verification (Only applicants applying for scholarship based on financial need and merit need to complete this section)

I (we) agree to provide proof of information that I (we) have stated on this form by [attaching a signed copy of my \(our\) 2011 U.S. income tax return \(1040 or 1040A\) with this application](#). I (we) realize that if I (we) do not provide proof at this time, the student will be ineligible to receive the merit and financial need based award. Students will still be considered utilizing merit based information only. All information provided will be destroyed following the selection process.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



Student ID # \_\_\_\_\_

**Financial Assistance Questionnaire**

**\*\*Important\*\* Only complete this form if you are applying for the financial need and merit based scholarship.**

1. Parents should complete this section using their own financial information.

**DO NOT COMPLETE THIS SECTION WITH STUDENT INFORMATION.**

2. Prior to the scholarship committee evaluation, information from tax returns will be verified and reviewed separately by a school administrator and then the tax return will be destroyed.
3. All financial information submitted on this form will be held confidential. This information is seen only by the DFS scholarship committee.

**A. Income, expense, and asset data**

**For the year of January 1, 2011 to December 31, 2011**

1.	Adjusted gross income	\$
2.	Total U.S. income tax paid	\$
3.	Income earned from work by father or step-father by mother or step-mother	\$
4.	The addition of these two incomes should equal line 7 on Form 1040 or 1040A.	\$
5.	Untaxed income/benefits (Social Security, AFDC, ADC)	\$
6.	Medical expenses not paid by insurance	\$
7.	Cash, savings, bonds, stock, checking account, CD's, notes, etc...	\$
8.	Total number of exemptions	

**B. Additional Information**

Parent's current marital status is:

\_\_\_\_\_single \_\_\_\_\_married \_\_\_\_\_widowed \_\_\_\_\_separated \_\_\_\_\_divorced

Total number of family members who will be attending a post-secondary school at least halftime during the 2012-2013 school year (including applicant). \_\_\_\_\_





Student ID # \_\_\_\_\_

List all school activities in which you have been involved in during the past 4 years (e.g. student council, music, sports, etc.). List all community activities in which you have participated without pay during the last 4 years (e.g. Red Cross, church work, volunteer work). Indicate all special awards, honors. (Attach an additional sheet for more information.)

Activity	Years	Special Awards, Honors	Activity	Years	Special Awards, Honors

Make a detailed statement of your plans as they relate to your education & career objectives and goals. (Attach an additional sheet for more information.)

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Please report any unusual family or personal circumstances you feel warrant attention. (Attach an additional sheet for more information.)

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**TEST INFORMATION**

**ACT** Standard Score \_\_\_\_\_ English \_\_\_\_\_ Math \_\_\_\_\_ Composite

**TRANSCRIPT INFORMATION**

Have the following section completed by the Student Service Office Secretary when you return the completed form. Transcript information from the end of your 7<sup>th</sup> term will be documented.

Applicant Ranks \_\_\_\_\_ of \_\_\_\_\_  
Cumulative grade point average \_\_\_\_\_

\_\_\_\_\_  
School Personnel's Signature



Student Name: \_\_\_\_\_

Student ID # \_\_\_\_\_

You have been asked to provide information in support of this student's application for a scholarship. Please give thoughtful consideration to the following statements.

**This form must be turned in to Student Services by March 1. Do not return to applicant.**

The applicant's choice of a post secondary education program is...	Extremely Appropriate	Very Appropriate	Moderately Appropriate	Inappropriate
The applicant's achievements reflect his/her ability...	Extremely Well	Very well	Moderately well	Not well
The applicant's ability to set realistic and attainable goals is...	Excellent	Good	Fair	Poor
The quality of the applicant's commitment to school and community is...	Excellent	Good	Fair	Poor
The applicant is able to seek, find and use learning resources...	Extremely Well	Very well	Moderately well	Not well
The applicant demonstrates curiosity and initiative...	Extremely Well	Very well	Moderately well	Not well
The applicant demonstrates good problem solving skills, follows through and completes tasks...	Extremely Well	Very well	Moderately well	Not well
The applicant's respect for self and others is...	Excellent	Good	Fair	Poor

Comments: - students are able to earn additional points based on the written comments  
**(Please do not use student's name.)**

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\_\_\_\_\_  
 Teacher's Signature

\_\_\_\_\_  
 Date