

Shawano Dollars for Scholars “New Vision” Scholarship Guidelines

Mission:

To encourage further education for the adult who did not enter nor complete a degree program upon graduation from High School.

Description:

Up to two \$500 scholarships may be awarded annually.

Application:

1. Applicant Criteria:
 - a. The applicant must be a graduate from Shawano High School, its alternative school program, or have acquired a GED diploma and has attended Shawano High School at some time in the past.
 - b. Minimum age of 25 years old.
 - c. Have not received a previous Shawano Dollars for Scholars Scholarship
 - d. Will attend an accredited 4-year College/University, Vo-Tech/Trade School, or Community College.
2. The following information will be considered:
 - a. financial need
 - b. letter of recommendation (excluding relative)
 - c. completed application form.
 - d. personal interview with the scholarship committee if deemed necessary to make a decision on the granting of a scholarship.
3. There will be TWO application deadlines per year. Scholarship applications will be accepted year round, but decisions on granting of scholarships will be by March 1st and October 1st of each year. A committee will be selected each year to review applications. If there are no funds available for the second date, an application could be held over to the next deadline date for consideration if the applicant wishes and still meets the New Vision application criteria. An applicant may only receive only one New Vision Scholarship in their lifetime, but may apply an unlimited number of times.
4. Funding of the New Vision Scholarship should be set at \$1000 per calendar year with the granting of TWO \$500 Scholarships each year. If funds are not used in their entirety, the remaining funds may be rolled over to the next year's New Vision Scholarship Fund and may be used to grant more than two scholarships for the following calendar year.

Selection and Granting Process:

1. The Scholarship selection committee shall be made up of the following:
 - Current Shawano Dollars for Scholars President
 - Chairperson of the Scholarship Committee
 - Current Shawano Dollars for Scholars Vice President
 - Two (2) additional Shawano Dollars for Scholars Board Members
2. Distribution of the funds shall be in conformance with existing Shawano Dollars for Scholars policy and practice. The funds shall be disbursed by printing a check made out to the institution of higher learning that the recipient will be attending.
3. All New Vision guidelines may be updated by the Dollars for Scholars Board of Directors at any regularly scheduled meeting of the Board of Directors.
4. The Dollars for Scholars Board of Directors, at their discretion, may choose not to award a New Vision Scholarship in any given year.



Shawano Dollars for Scholars New Vision Scholarship

Applicant Data

Name: _____
(Last) (First) (Middle Initial)

Permanent Address: _____
(Street, Route, Box Number)

(City, State, Zip Code)

Telephone Number: _____ Soc. Sec. # _____

Number of Dependents: _____ (Not including yourself)

Certification

All of the information on this application is true and complete to the best of my knowledge. When asked by an authorized official of the Shawano Dollars for Scholars, I agree to give proof of the information that I have given. If I do not give proof, the application will not qualify for a scholarship. Upon signature, I also realize that all monies given are in the form of a scholarship and all rules and regulations regarding the New Vision Scholarship will apply.

(Applicant)

(Date)

College Data

Name of college for which scholarship is requested:

Address: _____
(Street) (City) (State) (Zip Code)

Phone number of Registrar: _____

Anticipated date of graduation
from Tech school/college: _____

Major field of study you plan to pursue: _____

Section I (Check boxes which are applicable)

- A. 4-year College/University
(Plan to complete 4 years of college or more)
- B. Vo-Tech/Trade School/Community College
(Plan to complete 3 or more years of college or less.)
- C. Plan to complete degree previously started.
- D. Plan to attend full time.
- E. Plan to attend part time.

Section II

Number of years you attended High School at Shawano High School: _____

Number of years in Shawano School District: _____

Section III

Accumulative Grade Point in High School: _____

- Please include a copy of high school transcript.
- Also, attach copy of college transcript if you have previously attended college or tech school.

