

TO THE APPLICANT:

**READ THIS COMPLETELY:**

Please complete this application so we can determine your eligibility for receiving funds set aside to help students who plan to go on to postsecondary education as a **full time student**, and who satisfy other criteria developed by Scholarship America<sup>SM</sup>, formerly Citizens' Scholarship Foundation of America (CSFA).

Complete your sections of this application at your earliest convenience, then forward the application to the person you have selected to complete the appraisal (page 4). You are encouraged to select a school or college counselor or teacher. If this procedure is inappropriate, you may select an employer, member of the clergy, a job supervisor, or any other person who is in a position to evaluate you according to the criteria given.

If any questions are not applicable to your current situation, please attach an explanatory note referring to the questions by section. If more space is required for information on any items, you may attach additional information. Please indicate appropriate sections.

**You are responsible for seeing that all supporting documents are submitted. Scholarship America and its affiliate programs reserve the right to process only applications found to be complete as of the application postmark deadline (APRIL 1<sup>ST</sup>, 2010). Hand delivered will not be accepted, nor will applications received after the deadline.**

It is also your responsibility to notify the Denton DFS board of any changes to your education plan (i.e. Change of school, change of major, attending summer school, change of anticipated graduation date, etc). This will help us anticipate our future scholarship requirements.

It would be helpful for the Denton DFS committee to be able to email our scholarship recipients to obtain additional information. Please include your email address on the application or send a message to Kbartek378@msn.com so we can contact you if needed.

**REMEMBER: This application becomes valid only when the following have been submitted:**

- > **Signed cover page (page 1).**
- > **Application (pages 2-4) with all signatures**
- > **Denton Dollars for Scholars essay with references**
- > **Current Official signed Transcript of grades – web based copies not accepted**

**MAIL** completed application by **April 1<sup>ST</sup>, 2010** to:

Pat Bartek  
P.O. Box 133  
Denton NE. 68339

Certification: 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 \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of chapter official: \_\_\_\_\_ State \_\_\_\_\_

Name of Chapter: Denton Dollars for Scholars

ID #

AWARD AMOUNT

PLEASE PRINT OR TYPE

**APPLICANT DATA**

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

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

Anticipated total length of degree program = \_\_\_\_\_ years semesters quarters trimesters (circle one)

Anticipated length of degree program remaining until graduation \_\_\_\_\_ years semesters quarters trimesters (circle one)

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

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

**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**

I.D. #

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

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

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

Make a statement of your plans as they relate to your educational and career objectives and future goals.

Please 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)

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 give immediate and serious attention to the following statements. 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) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 must include a high school transcript of grades and have the following section completed by the appropriate school official.
2. **Students currently enrolled in college or vocational-technical school** must include their most recent college or vo-tech transcript of grades. (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 :

This application for student aid becomes complete only when you have returned the following materials (extra postage may be required):

...Cover letter & Application (pages 1-4)

...Denton Dollars for Scholars addendum

...All required signatures

...Current signed official transcript of Grades – web based copies are not accepted.

Return Application To: Pat Bartek P.O. Box 133 Denton NE. 68339