

Academic classification for the Fall semester:

College Freshman College Sophomore College Junior College Senior

What college or university do you plan to attend during the Fall semester?

What is your admission status to the college or university listed above?

Pending Admitted Denied Wait List

College or University Address: _____
Number/Street

_____ City State Zip

Student ID # (if available): _____

Will you be attending college full time during the Fall semester? Yes No

What career are you pursuing? Please elaborate (*specialty area/emphasis of study, etc.*).

What is your anticipated tuition for the upcoming school year? \$ _____

Have you completed the FAFSA (*Free Application for Federal Student Aid*)?

Yes No

If yes, do you qualify for need-based financial aid?

Yes No

Have you been granted any other scholarships and/or grants for the coming school year?

Yes No

If yes, please list the name of all other scholarships and/or grants in which you have been granted including their value.

Number of dependents living in your household (*including self*): _____

Number of people living in your household who will be attending college as a full-time or part-time student next semester (*including self*): _____

Are there any special financial circumstances that will affect your education?

- Yes No

If yes, please share any relevant information that helps demonstrate your current financial situation.

List any high school and/or community activities (*e.g., clubs, debate, student government, fine arts, youth programs, athletic programs, music, scouting*) that you have been involved in within the past four (4) years. Please provide number of years you contributed to each activity and if you held a leadership role.

Please list special recognitions, awards, and/or honors you have received within the past four (4) years. Include honorary organizations in which you belong or have belonged.

List any community service/volunteer activities you have been involved in within the past four (4) years. Please provide number of hours that you contributed to each activity.

Briefly discuss your educational goals and future plans.

Please write an essay on how it would benefit you and/or your family if you were awarded the **Douglass Unified School District 396 Scholarship** (*maximum 500 words*).

I certify the information provided in this application is accurate and complete to the best of my knowledge. I understand failure to provide full documentation or falsification of credentials will result in disqualification of this application. In the event I receive a scholarship award and elect not to attend school during that school year, the award will be returned to the Douglass Unified School District 396 Scholarship Fund.

Applicant Signature

Date

Section II. Information to be supplied by recommenders.

*Provide three (3) **SEALED** letters of recommendation and attach to application. Parents and immediate family members are not eligible to write the evaluation (*Letter of Recommendation Forms attached.*)

Please list recommenders below.

Recommender: _____

Recommender: _____

Recommender: _____

