



Dole Fresh Vegetables Scholarship Program

THE PROGRAM

Dole Fresh Vegetables, Inc. has established a scholarship program to assist employees' children who plan to continue education at a two-year or four-year college, university, or vocational-technical school. Based on earnings from vending machine sales, scholarships are offered each year for full-time study at an accredited institution of the student's choice.

This scholarship program is administered by Scholarship Management Services[®], a division of Scholarship America[®]. Scholarship Management Services is the nation's largest designer and manager of scholarship and tuition reimbursement programs for corporations, foundations, associations and individuals. Awards are granted without regard to race, color, creed, religion, sexual orientation, age, gender, disability, or national origin.

ELIGIBILITY

Applicants to the Dole Fresh Vegetables Scholarship Program must be -

- Dependent children* of full-time or seasonal Dole Fresh Vegetables, Inc. employees who have a minimum of one year employment with the company as of the application deadline date. (Dole Fresh Vegetables includes Bud of California, Oceanview Produce, Royal Packing, and Dole Carrot employees.)

Dole Fresh Vegetables Ohio, Dole Fresh Vegetables North Carolina and Dole Berry Company plant facilities are excluded from this program.

**Dependent children are defined as natural and legally adopted children or stepchildren living in the employees' household or primarily supported by the employee.*

- High school seniors or graduates who plan to enroll or students who are already enrolled in full-time undergraduate study at an accredited two-year or four-year college, university, or vocational-technical school for the entire upcoming academic year.

AWARDS

Award amounts and the number of awards granted annually will vary depending on funds available through vending machine sales. Recipients attending a four-year college or university will be eligible for awards up to \$3,000. Recipients attending a two-year college or a vocational-technical school will be eligible for an award up to \$750.

Awards are not renewable, but students may reapply to the program each year they meet eligibility requirements.

Awards are for undergraduate study only.

APPLICATION

Interested students must complete the application and mail it along with a current, complete transcript of grades to Scholarship Management Services postmarked no later than **November 30**. Grade reports are not acceptable. Online transcripts must display student name, school name, grade and credit hours earned for each course, and term in which each course was taken. Applicants will receive acknowledgment of receipt of their application. If an acknowledgment card is not received within three weeks, applicants may call Scholarship Management Services to verify that the application has been received.

Applicants are responsible for gathering and submitting all necessary information. Applications are evaluated on the information supplied; therefore, answer all questions as completely as possible. Incomplete applications will not be evaluated. All information received is considered confidential and is reviewed only by Scholarship Management Services.



Dole Fresh Vegetables Scholarship Program

TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES

Completeness and neatness ensure your application will be reviewed properly.

Application postmark deadline November 30

FOR SCHOLARSHIP MANAGEMENT SERVICES USE ONLY

I.D. #	AA	PD	RIC/CS	GPA	SATCR	SATM	SATW	ACTC	TOTAL

APPLICANT DATA

Last Name _____ First _____ Middle Initial _____

Permanent Home _____

Mailing Address _____ Apartment # _____

City _____ State _____ ZIP Code _____

Phone (_____) _____ Date of Birth: Month _____ Day _____ Year _____

Social Security Number _____ Email Address _____

Please indicate your status. (For statistical purposes only) Male Female

American Indian/Alaska Native Black/African American Multi-Racial White

Asian Hispanic/Latino Native Hawaiian/Pacific Islander

EMPLOYEE PARENT OR GUARDIAN INFORMATION

Last Name _____ First _____ Middle Initial _____

Date of Hire: Month _____ Day _____ Year _____ Work Phone (_____) _____

Email Address _____

Job Title _____ Division/Subsidiary _____

City _____ State _____ ZIP Code _____

Relationship to Applicant _____ The applicant is a dependent of the employee Yes No

HIGH SCHOOL DATA

School Name _____ High School Graduation Date: Month _____ Year _____

City _____ State _____ Phone (_____) _____

POST-SECONDARY SCHOOL DATA

Name of postsecondary school you plan to attend. (If unknown, please list in order of preference the schools to which you have applied.)
Use official school names. Do not use abbreviations.

_____ City _____ State _____

_____ City _____ State _____

4 yr. College or University 2 yr. Community or Junior College

Vocational-Technical School Other, explain _____

Year in school next year: 1 2 3 4 5 Other, explain _____

Major or course of study _____ Expected college graduation date: Month _____ Year _____

Degree sought: Bachelor Associate Certificate Other, explain _____

Sending a resumé does not replace any part of this application. If space provided in any section is inadequate, you may continue on additional sheets. Attachments must follow the same format. DO NOT repeat information already reported on the application form. Your name, address and name of this scholarship program should be included on all attachments.

WORK EXPERIENCE

Describe your work experience during the **past four years** (e.g., food server, babysitting, lawn mowing, office work). Indicate dates of employment for each job and approximate **number of hours worked** each week.

Employer/Position	From - Mo/Yr	To - Mo/Yr	Hours per Week	Were you paid for your work?
				YES / NO
				YES / NO
				YES / NO
				YES / NO
				YES / NO
				YES / NO
				YES / NO

ACTIVITIES, AWARDS AND HONORS

List all school activities in which you have participated during the **past four years** (e.g., student government, music, sports, etc.). List all community activities in which you have participated without pay during the **past four years** (e.g., Boy/Girl Scouts, hospital volunteer, Special Olympics). Note all special awards, honors and offices held. **Indicate whether high school or college activities.**

Activity	No. of Years Partic.	Special Awards, Honors	Offices Held	Activity	No. of Years Partic.	Special Awards, Honors	Offices Held

GOALS AND ASPIRATIONS

Make a brief statement or summary of your plans as they relate to your educational and career objectives and long-term goals.

UNUSUAL CIRCUMSTANCES

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 the Applicant: This section is required and must be completed in the format provided. If incomplete, your application will not be evaluated. The section is to be completed by a high school or college counselor or advisor, an instructor, or a work supervisor who knows you well.

To the Adult Appraiser: You have been asked to provide information in support of this application. Please give immediate and serious attention to the following statements. When complete, please return to applicant. If you prefer, photocopy this section and return to applicant in a sealed envelope. A letter of recommendation does not replace this section.

The applicant's choice of a postsecondary educational 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/or 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: _____

Appraiser's Name _____ Title _____ Telephone (_____) _____
 Signature _____ Organization _____ Date _____

TRANSCRIPT INFORMATION

A complete transcript of grades **must** be sent with this application. Grade reports are not acceptable.

- 1. Students currently or previously enrolled in college or vocational-technical school must** include all college or vo-tech transcripts of grades from each school attended. Online transcripts must display student name, school name, grade and credit hours earned for each course, and term in which each course was taken. (Completion of high school information below is not necessary.)
- 2. High school seniors and students who have completed less than one full quarter or semester** of postsecondary education **must** include a high school transcript of grades and have this section completed by the appropriate school official. **(A clear explanation of the high school's grading scale must also be submitted.)**

Applicant ranks _____ in a class of _____	Cumulative Grade Point Average			SAT			ACT				
	Weighted: _____/4.0 scale			Critical Reading	Math	Writing	English	Math	Reading	Science	Composite
	Unweighted: _____/4.0 scale										

School Official's Signature _____ Date _____ Title _____ Telephone (_____) _____

School Official's Address: Street _____ City _____ State _____ ZIP Code _____

APPLICATION CHECKLIST

The student is responsible for submitting all materials to Scholarship Management Services on time. Incomplete applications will not be evaluated. This application becomes complete and valid only when all of the following materials have been received:

- Student Application with completed Applicant Appraisal
- Current Complete Transcript(s) of Grades (including grading scale)

All materials, including transcript, must be addressed to:

Dole Fresh Vegetables Scholarship Program
 Scholarship Management Services
 One Scholarship Way
 Saint Peter, MN 56082

Postmark deadline November 30

CERTIFICATION


Scholarship Management Services has the sole responsibility for selecting recipients based on criteria as set forth in the program's description. This application becomes the property of Scholarship Management Services. (It is recommended you keep a copy for your files.)

I acknowledge decisions are final. I certify I meet eligibility requirements of the program as described in the guidelines and the information provided is complete and accurate to the best of my knowledge. If requested, I will provide proof of information, including an official transcript of grades. Falsification of information may result in termination of any award granted.

Applicant's Signature _____ Date _____

Employee's Signature _____ Date _____

Instructions for Completing a PDF Fill-in-the-blank Scholarship Application Form

You will need ADOBE  Reader 6.0 or greater to open, use and print this PDF fill-in-the-blank form. If you do not have this free software installed on your computer, visit <http://get.adobe.com/reader/>. Follow the directions to install ADOBE Reader which is a free download.

There are two options to complete the fill-in-the-blank application form:

1. Use the fill-in-the-blank feature to complete the form.

- Save a copy of the form to your personal data storage device.
- Type in your responses using the **Tab** key to move between fields.
- You may save the file while in progress and return to complete or revise it later.
- When finished, print the completed form.

OR

2. Print the blank application and complete it using a pen or typewriter.

Whichever option you use, applicants must print the page(s) of the application containing the Applicant Appraisal and Transcript Information sections and submit to the appropriate individuals for completion (if applicable). These sections cannot be completed electronically.

Mail the completed application form (including the completed Appraisal and Transcript sections, if applicable, and any other required documents) to Scholarship Management Services by the program's application postmark deadline. The mailing address is on the application form.

SELECTION OF RECIPIENTS

Scholarship recipients are selected on the basis of academic record, demonstrated leadership and participation in school and community activities, honors, work experience, statement of goals and aspirations, unusual personal or family circumstances, and an outside appraisal. Financial need is not considered.

Selection of recipients is made by Scholarship Management Services. In no instance does any officer or employee of Dole Fresh Vegetables, Inc. play a part in the selection. All applicants agree to accept the decision as final.

Applicants will be notified by late January. Not all applicants to the program will be selected as recipients. Students may reapply to the program each year they meet eligibility requirements.

PAYMENT OF SCHOLARSHIPS

Scholarship Management Services processes award payments on behalf of Dole Fresh Vegetables, Inc. Payments are made in equal installments on August 15 and December 30. Checks will be delivered to Dole Fresh Vegetables, Inc. for distribution.

OBLIGATIONS

Recipients have no obligation to Dole Fresh Vegetables, Inc. They are, however, required to notify Scholarship Management Services of any changes in address, school enrollment, or other relevant information and to send a complete transcript when requested.

REVISIONS

Dole Fresh Vegetables, Inc. reserves the right to review the conditions and procedures of this scholarship program and to make changes at any time including termination of the program.

ADDITIONAL INFORMATION

Questions regarding the scholarship program should be addressed to:

Dole Fresh Vegetables Scholarship Program

Scholarship Management Services

One Scholarship Way

Saint Peter, MN 56082

Telephone: (507) 931-1682

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