



Fergus Falls Area Dollars for Scholars®

FERGUS FALLS AREA DOLLARS *for* SCHOLARS (Supplement to the Dollars *for* Scholars Application)

Student's Name _____

School Planning to Attend _____

Possible Major/Field of Study _____

The following questionnaire, should you qualify for a Dollars for Scholars award, will help in identifying which scholarship will be presented to you.

(Circle your answer)

- | | | | |
|----|---|--------------|----------|
| A. | Do you reside within the boundaries of ISD #544?* | Yes | No |
| | *Only students who reside within ISD #544 are eligible | | |
| A. | Do you plan to pursue a career in: | Math/Science | Nursing |
| | | Engineering | Lab tech |
| B. | Do you plan to pursue a career in a health care field? | Yes | No |
| D. | Do you plan to pursue a career in the education field? | Yes | No |
| E. | Do you plan to study English, literature, journalism, creative writing, language arts or a related field? | Yes | No |
| F. | Do you plan to attend M-State at the Fergus Falls campus? | Yes | No |
| G. | Do you have a parent or grandparent who is a veteran? | Yes | No |
| H. | Do you/have you worked for Service Food Market? | Yes | No |
| I. | Have you been a member of the Fergus Falls High School boys or girls swim team; baseball team; softball team or golf team for at least 3 years? | Swim | Baseball |
| | | Golf | Softball |
| J. | Have you been a member of the Fergus Falls High School band for at least 3 years? | Yes | No |
| K. | Will you be attending a vocational/trade school program that is at least 14 months in length? | Yes | No |
| L. | Are you planning a career in music? | Yes | No |

**Return this form to the counselor's office
along with your completed Dollars for Scholars application
on or before March 5, 2010.**



Fergus Falls Area Dollars for Scholars®

TO THE APPLICANT:

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, and who satisfy other criteria developed by Scholarship America and the Fergus Falls Chapter of Dollars for Scholars (FFCDS).

Complete your sections of this application at your earliest convenience, and 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. The FFCDS committee will process only those applications that are complete and submitted by the postmark deadline.

Students who are awarded full scholarships (tuition and room & board) by postsecondary institutions are not eligible to apply for or receive a monetary award from FFCDS. If you are awarded a scholarship from FFCDS and later receive a full academic scholarship, please contact FFCDS so your award can be transferred to another student.

Students planning on attending a two-year accredited vocational/trade school program are encouraged to apply. Students awarded funds for a vocational/trade program must attend a program that is at least 14 months in length, and scholarships will not be transferred to another two-year or four-year postsecondary institution.

Applicants **MUST** reside within the boundaries of Independent School District #544 and be a current high school senior.

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

- >Completed Application
- >All required signatures
- >Current Transcripts of Grades
- >Fergus Falls Area Dollars for Scholars Supplement
- >**Application Deadline is March 5, 2010**

Certification and Permission to use "Recipient Information" to Announce Scholarship Winners

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.

I agree that if I am offered and accept an award from Scholarship America® or an affiliated program, Scholarship America and its affiliated programs may use my name, the name of my community, the name and address of my school, the amount of the award, and the name of the postsecondary institution I will attend (my "Recipient Information") in press releases, public announcements, and other fundraising or promotional materials in all media (including the Internet), to advance the non-profit objectives of Scholarship America and its affiliated programs.

Applicant's Signature _____ Date _____

Parent Signature (if student is less than 18 years old) _____

Signature of chapter official _____ State _____

Name of Chapter _____

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

 Student will: Live on campus Live off campus commute

 Enrolled: less than half-time half-time or more full-time

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 extra-curricular 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. **DO NOT** list activities for which you receive school/class credit (e.g., band, choir).

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 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 _____ Reading _____ Sci. Reas. _____

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 (Two first-class stamps are required for mailing.)

- Application
- All required signatures
- Current Transcript of Grades
- Application Deadline: March 5, 2010

Return Application to Your School Counselor. Applications Due by March 5, 2010