



# 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. Are you a graduating senior physically attending Fergus Falls Public Schools or Hillcrest Lutheran Academy and not residing in the dorms? Yes No
- B. Are you a graduating senior of Fergus Falls Public Schools attending IQ Academy of MN residing within the boundary of Independent School District No. 544? Yes No
- C. Do you plan to pursue a career in:
- |              |                  |
|--------------|------------------|
| Math/Science | Nursing          |
| Engineering  | Lab tech         |
| Ministry     | Mortuary Science |
| Counseling   |                  |
- D. Do you plan to pursue a career in a health care field? Yes No
- E. Do you plan to pursue a career in the education field? Yes No
- F. Do you plan to study English, literature, journalism, creative writing, language arts or a related field? Yes No
- G. Do you plan to attend M-State at the Fergus Falls campus? Yes No
- H. Do you have a parent or grandparent who is a veteran? Yes No
- I. Do you/have you worked for Service Food Market? Yes No
- J. Have you been a member of the following Fergus Falls High School activities for at least 3 years: boys or girls swim team, baseball team; softball team or boys or girls golf team?
- |      |          |
|------|----------|
| Swim | Baseball |
| Golf | Softball |
- K. Have you been a member of the Fergus Falls High School Band for at least 3 years and/or the Fergus Falls High School Marching Band for 4 years?
- |           |                    |
|-----------|--------------------|
| Band-3yrs | Marching Band-4yrs |
|-----------|--------------------|
- L. Are you planning a career in music? Yes No
- M. If you plan to attend a vocational or trade program, what is the length of the program in months? \_\_\_\_\_ months

**Return this form to the counselor's office  
along with your completed Dollars for Scholars application  
on or before March 9, 2012.**



# 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 scholarship (tuition and room & board), please contact FFCDS so your award can be transferred to another student.

Students planning on attending an 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 9 months in length, and scholarships will not be transferred to another two-year or four-year postsecondary institution.

Applicants MUST be graduating high school seniors physically attending Hillcrest Lutheran Academy or Fergus Falls Public Schools, excluding dorm students. The only exception is that Fergus Falls Public Schools students attending IQ Academy MN must live within the boundary of Independent School District No. 544 in the state of Minnesota.

**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 9, 2012**

### **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 Cell 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

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 v-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 9, 2012

Return Application to Your School Counselor. Applications Due by March 9, 2012