



Dixon Community Scholarship Application Form

Please type or clearly print your responses in the space provided using **black or blue ink ONLY** (no pencil). Submit this completed and signed application and all supporting documents to the DHS Counseling Center no later than **MARCH 20TH 2017**.

Name of scholarship:	Student School ID#:
Your Last Name:	Your First Name:
Home Address:	Student DOB:
City, State, Zip:	Gender:
Email address:	Phone No.:
9 th – 12 th Grade high school weighted GPA: _____	
Which Universities have you applied to? (Name the top 3)	Have you been accepted?
1.	Yes No
2.	Yes No
3.	Yes No
PERSONAL ESSAY / COMMUNITY & SCHOOL ACTIVITIES / TRANSCRIPT	
A. ESSAY: Express why receiving a scholarship is important to you. (Limit to one page, double spaced). Include your interests expectations and goals.	
B. PROVIDE A LIST OF YOUR HIGH SCHOOL ACTIVITIES, COMMUNITY SERVICES AND VOLUNTEER WORK. Including any activities, club organizations or events in which you have participated in the school or community.	
C. PROVIDE A COPY OF YOUR TRANSCRIPT	
FINANCIAL NEED QUESTIONS	
D. Explain your understanding of your family's financial situation, and how much aid they may be able to provide for you to attend a higher education.	

Are there any relatives who might contribute to your education?	

E. List the name and total amount of other scholarship aid (scholarships, grants, or awards) you have received or know you will receive.

TOTAL AMOUNT RECEIVED

F. How many children are living at home _____ and what are their ages? _____ including you. How many will be attending college next school year? _____

Father/Guardian (INFO)

Name: _____ Telephone #: _____

Occupation: _____ Residence street address: _____

City: _____ State/Zip: _____

Mother/Guardian (INFO)

Name: _____ Telephone #: _____

Occupation: _____ Residence street address: _____

City: _____ State/Zip: _____

At times it is necessary to request enrollment status from your educational institution so that we (community scholarship providers) can make or continue to provide scholarship award payments, and to maintain contact with community scholarship recipients. Please read the following information carefully.

Privacy Act Statement of 1974. States “No agency shall disclose any record which is contained in a system of records by any means of communication to any person, or to another agency, except pursuant to a written request by, or with the prior written consent of, the individual to whom the record pertains, unless disclosure of the record would be to those officers and employees of the agency which maintains the record and who have a need for the record in the performance of their duties.”

Consent to Disclose Information. By signing this document you hereby grant permission to Dixon High School personnel and the community scholarship providers to share transcript and disclose personal information with the scholarship sponsors and community scholarship members and Scholarships Selection Committee. Scholarship applications are reviewed by Committee members and with DHS staff who process scholarship awards.

CERTIFICATION & SIGNATURES

<i>I (and my parent/guardian) certify and understand:</i>	<i>Parent Initials</i>	<i>Student Initials</i>
1. That information provided in this application is complete and may be verified as accurate.		
2. That falsification of application information may result in not being considered or selected for a scholarship, non-payment of award if selected, or termination and reimbursement of payment.		
3. That we have read the Privacy Act Statement and Consent to Disclose Information paragraphs above and give our consent for Dixon High School and or community scholarship providers to use the information provided in this scholarship application only for the purposes of scholarship selection and award of payment.		

Student/Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____