

Independence Area Dollars for SCHOLARS.



January 5, 2012

To: Independence High School Seniors, Class of 2012

From: Independence Area Dollars for Scholars

Re: Application process and general information

The Independence Area Dollars for Scholars chapter is pleased to offer to the Independence High School Class of 2012 the enclosed application for post secondary scholarships.

A few important points to keep in mind while completing your application:

1. ALL scholarships require a Dollars for Scholars application be completed.
2. Some scholarships may require a 'special application' be completed in addition to the Dollars for Scholars application. Special applications may be obtained in the guidance office, or on our website www.IndeedFS.com These scholarships are identified in the enclosed packet.
3. All completed scholarships are scored with the student applicant's name removed for confidentiality reasons.
4. Each page of the application is scored individually and confidentially.
5. **APPLICATIONS MUST BE RETURNED TO THE HIGH SCHOOL GUIDANCE OFFICE NO LATER THAN FEBRUARY 10, 2012.**

Additional important information:

- NO checks will be awarded at this reception. Scholarships checks are sent to the school you will be attending after we receive a copy of your first semester transcripts.

Should you have any questions on completing the application, selection process, or distribution of money, please contact Mrs. Debbie Curry at 334-7390.

Independence Area Dollars for Scholars
Post Office Box #384 Independence, Iowa 50644
Website: www.indeedfs.com
Email: board@indeedfs.com

**APPLICATION DEADLINE IS
FEBRUARY 10, 2012**
Please return completed applications to:
Independence High School
Guidance Office
514 5th Ave Southeast
Independence, Iowa 50644

ID# _____

(Do not use)

APPLICATION FOR SCHOOL YEAR ENDING MAY 2012

APPLICANT DATA

NAME: _____
(Last) (First) (Middle initial)

PERMANENT ADDRESS: _____
(Street, Box number)

(City, State, Zip Code)

TELEPHONE #: _____ SOCIAL SECURITY #: _____

EMAIL ADDRESS: _____

NAME OF PARENT or GUARDIAN: _____

MAILING ADDRESS (if different from above): _____

TELEPHONE # (if different from above): _____

CERTIFICATION AND SIGNATURES

I agree that if I am offered and accept an award from Independence Area Dollars for Scholars, DFS may use my name, photograph, or likeness, the name of the community, the name and address of my school, the amount of the award, and the name of the postsecondary institution I will attend in press releases, public announcements and other fundraising or promotional materials in all media (including the Internet), to advance the non-profit objectives of Dollars for Scholars.

The undersigned hereby authorize DFS to provide certain parties with any and all information requested to aid in the processing and selection of DFS scholarships. I understand this information will be used to assist in the assessment of the qualifications, eligibility and other characteristics DFS deems relevant and appropriate in the selection process.

APPLICANT AND ONE PARENT/GUARDIAN SIGNATURE IS REQUIRED

_____	_____	_____
Applicant	Parent/Guardian	Parent/Guardian
_____	_____	_____
Date	Date	Date

**Deadline for submission is February 10, 2012
and will not be extended for any reason**

INSTRUCTIONS FOR COMPLETING APPLICATION

- Page 1. Note that this is the only page in which your name and ID# will appear together. This page will be REMOVED before scoring of your application. Application will be separated by pages, and different people will “score” each page. In this manner, no scorer will know whose application they are scoring. **THIS PAGE MUST BE SIGNED BY YOU AND YOUR PARENT/GUARDIAN.**
- Page 3. Be sure you mark only A or B in section I. Some scholarships are awarded based on this criterion.
- Pages 4-7. Be sure to list ALL activities since points are given for your involvement.
- Page 8. Use clear, concise, and complete statements. Remember to PROOFREAD.
- Page 9. This section is provided in case you have any unusual circumstances you feel should be considered. Examples would be: death in family, serious illness and/or loss of job.

Return completed application to:

Independence High School
Guidance Office
514 5th Avenue Southeast
Independence, Iowa 50644

Dollars for Scholars Website Address: www.IndeeDFS.com

Please remember you should submit this application if you think you might be going on to some form of higher education. **We want everyone to be awarded a scholarship, however, all pages need to be completed.** If you are in a section/page that does not apply to you, write “**not applicable**” or “**none**”. This then completes the page. **We prefer applications be typed.**

College Data

Name of College for which scholarship is requested _____

Address: _____
(Street) (City) (State) (Zip Code)

Major field of study you plan to pursue: _____

SECTION I

Check A or B below - DO NOT CHECK BOTH

A. 4 year College/University _____
(Plan to complete 4 years of college or more)

B. Community College/Trade School _____
(Plan to complete 3 years or less of college)

SECTION II

Certain Scholarships require specific conditions, please check the appropriate line below.

Male _____

Female _____

SECTION III

**MUST BE SIGNED BY SCHOOL OFFICIAL
THIS MUST BE FILLED IN PRIOR TO DEADLINE**

Accumulative Grade Point: _____

ACT/SAT Composite Score: _____

COMPASS Score: _____ (If ACT is not taken)

Signature of School Official: _____ Date _____

