


Dierks Public Schools

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Dierks High School Scholarship Committee
Scholarship Application
Deadline: February 19th, 2019

PERSONAL INFORMATION

NAME _____
(Last) (First) (Middle)

ADDRESS _____

_____

EMAIL _____ PHONE _____

LIST SAVINGS YOU MAY HAVE FOR EDUCATIONAL PURPOSE _____

OUTLINE YOUR SUMMER PLANS AND THE APPROXIMATE AMOUNT YOUR EXPECT TO EARN:

_____

LIST 3 REFERENCES AND THEIR PHONE NUMBERS (ONE MUST A TEACHER OR COUNSELOR)

_____

_____

_____

COLLEGE YOU PLAN TO ATTEND

_____

DATE APPLIED _____ INTENDED MAJOR _____

CAREER YOU PLAN TO PURSUE _____

LIST ESTIMATED EXPENDITURES FOR YOUR FRESHMAN YEAR:

TUITION _____ BOOKS/SUPPLIES _____

ROOM/BOARD _____ OR COMMUTING EXPENSES _____

WHAT ACTIVITIES DO YOU PLAN TO PARTICIPATE IN:

_____

LEADERSHIP ABILITY

WORK EXPERIENCE: LIST ANY JOBS YOU HAVE HAD SINCE ENTERING HIGH SCHOOL

_____

(Employer) (Dates of Employment) (hours Per Week)

_____

(Job Duties) (Employer Contact Number)

_____

(Employer) (Dates of Employment) (hours Per Week)

_____

(Job Duties) (Employer Contact Number)

_____

(Employer) (Dates of Employment) (hours Per Week)

_____

(Job Duties) (Employer Contact Number)

ACTIVITIES

LIST YOUR HIGH SCHOOL AND COMMUNITY ACTIVITIES THAT YOU HAVE BEEN INVOLVED IN WHILE A STUDENT AT DHS. (CONTINUE ON A SEPARATE SHEET IF NECESSARY)

_____

(ACTIVITY) (NUMBER OF YEARS)

_____

(ACTIVITY) (NUMBER OF YEARS)

_____

(ACTIVITY) (NUMBER OF YEARS)

_____

(ACTIVITY) (NUMBER OF YEARS)

HONORS

LIST ANY HONORS YOU HAVE RECEIVED DURING YOUR HIGH SCHOOL YEARS.

_____

(HONOR OR AWARD) (YEAR AWARDED)

_____

(HONOR OR AWARD) (YEAR AWARDED)

_____

(HONOR OR AWARD) (YEAR AWARDED)

PLEASE READ AND SIGN THE FOLLOWING STATEMENT:

Many of the scholarships require criteria or conditions to be met by the recipient. Changing your major or college may result in the termination of your scholarship. If you are awarded a scholarship, contact the high school office before making any changes. I certify that, to the best of my knowledge, the information given is accurate and complete. I understand that these scholarships are to be used the first semester of college and that I am expected to remain in school for at least that long. Should I decide to drop out of school without completing a semester, I will be willing to repay any scholarship money used in the incomplete semester. This information will be made available to the scholarship donors.

_____ _____

Signature Date