



Dollars for Scholars

of
Whitman and Hanson

TO THE APPLICANT:

Please complete this application so that we may determine your eligibility for receiving funds that have been raised to help students planning to go on to postsecondary education, and who satisfy the criteria listed below:

- Minimum GPA of 2.5 (unweighted)
- Live in Whitman or Hanson and are attending a private school, a vocational school or the regional high school.

Application Deadline: Thursday, March 15, 2012

Complete each section of the application and bring it to your guidance counselor to obtain the Transcript Information required on page 4. You are responsible for ensuring that all supporting documents are submitted, i.e Transcript data.

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 section, please attach an additional sheet of paper noting the application section to which the information relates.

Dollars for Scholars of Whitman and Hanson, an affiliate of Scholarship America, reserves the right to process only applications found to be complete as of the application deadline. This application becomes valid **only** when the following have been submitted:

- | |
|--|
| <p>___ Application ___ All required signatures, including that of the applicant ___ Current Transcript of High School Grades</p> |
|--|

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 Dollars for Scholars of Whitman and Hanson, an affiliate of Scholarship America, either DFS of WH or Scholarship America may use my name, photograph or likeness, 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 Dollars for Scholars of Whitman and Hanson and Scholarship America.

Applicant's Signature: _____ **Date:** _____

Parent/Guardian's Signature: _____

(if student is less than 18 year of age)

Name of Chapter: Dollars for Scholars of Whitman and Hanson

Note: if you have questions, please call Barbara Murphy at 781-447-5856.

Return application, with Transcript attached, to:

Whitman Hanson Reg. HS Guidance Office
600 Franklin Street, Whitman, MA 02382

ID #

AWARD AMOUNT

[Empty box for ID #]

PLEASE PRINT OR TYPE

[Empty box for Award Amount]

A. APPLICANT DATA

Please provide your personal information, including a current telephone number, in case additional information is needed.

Mr. Ms. Name: _____
(Last) (First) (MI)

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

Date of Birth: _____ Home Phone: (_____) _____ Cell Phone: (_____) _____
(month, day, year)

E-Mail Address: _____

Name of parent/guardian: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Email Address: _____

Permanent mailing address of parent/guardian, if different from applicant: _____
(Street) (City) (State) (Zip)

B. SCHOOL DATA

Please provide your high school data, what college/institution you plan on attending (primary and secondary choice), and your major field of study. If undecided as to your college and/or major, please tell us your anticipated school and/or major.

High School Attended: _____ Graduation Date: Month ____ Year ____

School Address: _____ Phone Number: (_____) _____
(Street) (City) (State) (Zip)

Name of Guidance Counselor: _____

Name of Primary postsecondary school for which applicant's scholarship is requested: _____

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

Major Field of study applicant plans to pursue: _____

Name of Alternate postsecondary school for which applicant's scholarship is requested: _____

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

Major Field of study applicant plans to pursue: _____

D. STATEMENT OF EDUCATIONAL PLANS/GOALS

Describe your plans as they relate to your educational and career objectives, your future goals and what motivated you in this direction. If you are uncertain at this time, please explain your interests. Give a sense of who you are and who you hope to become with the help of a higher education.

Please use additional paper if necessary. It is the quality of what you write, not the quantity that is important. Please do not attach your college essay or an English assignment.

E. SPECIAL CIRCUMSTANCES

If you feel you have experienced unusual family or personal circumstances that may have adversely affected your achievement in school, your work experience or your participation in school/community activities, please describe them here.

F. TRANSCRIPT INFORMATION

Include your high school transcript of grades and have the following section completed by your guidance counselor.

Applicant ranks _____ in a class of _____ Cumulative grade point average _____/4.0 scale

SAT: Critical Reading _____ Math _____ Writing _____ ACT Composite _____

School Official's Signature: _____ Date: _____

Title: _____ Phone Number: (_____) _____

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