

Dysart Education Foundation Scholarship Application

2009-2010 School Year

Please type or use black ink to fill out application.

You may attach documents as needed.

Name: _____

Address: _____
Street City Zip Code

Telephone Number: _____ Date of Birth: _____

Social Security Number: _____

Name of Guardian #1: _____ Check One: Father () Mother () Other ()

Guardian's Occupation: _____ Yrly. Salary/Wages: _____

Name of Guardian #2: _____ Check One: Father () Mother () Other ()

Guardian's Occupation: _____ Yrly Salary/Wages: _____

If any of the above Guardians are marked "other" you may use the space below to describe the circumstances surrounding your living arrangements.

How many people are dependent upon your guardian's income (guardians, siblings, yourself, etc.)

Do you or your family receive income or assistance from other sources (such as public assistance, WIC, etc)? If yes, please explain.

How many family members will be in post-secondary education next year? Please list relationship and school.

Please describe any unusual financial situation that affects your family:

Are you currently employed? Place of Employment:

How many hours a week do you work?

List your favorite interests, hobbies, and things you enjoy doing.

Where do you plan to attend college?

In which chosen field will you major?

Will you live on campus?

Do you plan to work while in school?

How many years will this field require: 1() 2() 4()

Have you taken any college courses while attending High School? If so, please list them.

<i>Course</i>	<i>College</i>	<i>Grade</i>
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SAT Scores Verbal	Math	ACT	PSAT	ASSET
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Please attach an ESSAY or PERSONAL STATEMENT containing the following information: personal background, desire for further education, future plans, financial need, major interest in college, personal goals, career interests, and any circumstances which have affected your life or education, etc. The essay must be typed or legibly hand written in black ink

Please list school and community activities in which you have participated in grades 9-12. Include work experience, volunteer work, school activities, sports, community involvement, etc. You may list here or attach an additional page.

<i>Activity</i>	<i>Grade(s)</i>	<i>Office held, Honors, Etc.</i>
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To be filled in by Counselor: _____

GPA: _____

Class Rank: _____ of _____

Do you know if any other scholarships are being awarded to this student?

I understand that the information given on this application will be viewed and kept by school and local scholarship committees.

Parent Signature	Date	Student Signature	Date
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*Completed applications are due to the D.E.F. Scholarship Committee and need to be post-marked by **April 16, 2010.***

**Dysart Education Foundation
PO Box 1898
Surprise, AZ 85378-1898**