



Dixon Community Scholarship General Scholarship Application Form

Please FILL IN 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 22, 2021**.

ATTACH YOUR CHECK OFF LIST INDICATING WHICH SCHOLARSHIPS YOU ARE APPLYING TO		Student School ID#:
Last Name:	First Name:	
Home Address:		Student DOB:
City, State, Zip:		Gender:
Email address:		Phone No.:
9 th – 12 th High school weighted GPA: _____		
Which institution, college or universities have you applied to? (Name the top 3)		Have you been accepted?
1.		Yes <input type="checkbox"/> No <input type="checkbox"/>
2.		Yes <input type="checkbox"/> No <input type="checkbox"/>
3.		Yes <input type="checkbox"/> No <input type="checkbox"/>
PERSONAL ESSAY, COMMUNITY & SCHOOL ACTIVITIES, TRANSCRIPT		
A. ESSAY: Express what your goals are, how important is for you to attend higher education (college or vocational school) and how your family life has impacted you to make this decision, (Limit to one page) include your interest's expectations and goals.		
B. A LIST OF YOUR HIGH SCHOOL ACTIVITIES, COMMUNITY SERVICES AND VOLUNTEER WORK. Any activities, club organizations or events in which you have participated in the school or community including church and any volunteer work outside school.		
C. PROVIDE A COPY OF YOUR UNOFFICIAL TRANSCRIPT (You may use the transcript mailed to you with progress grades		
FINANCIAL NEED QUESTION		
D. Explain how much aid your parents/guardians or extended family members may be able to help for you to attend a higher education.		

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

Scholarships / Grants / Awards	Monetary Amount Received or Approved
<u>Total Amount Received or Approved</u>	

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:** _____