



2009 COMMUNITY VOLUNTEER SERVICE AWARDS PROGRAM

APPLICATION POSTMARK DEADLINE MARCH 16, 2009

DOLLARS FOR SCHOLARS OFFICE USE ONLY	I.D. #	AA	PD	RIC/CS	GPA	SATV	SATM	ACTE	ACTM	TOTAL

ELIGIBILITY This national competition is open to high school seniors who have strong academic records and considerable volunteer community service experience and who are enrolled or planning to enroll full-time at an accredited two- or four-year college, university, or vocational-technical school in an undergraduate program of study. Adult students entering or resuming postsecondary **undergraduate** programs of study are also eligible to apply, as are past recipients of the award. Selection will not discriminate on the basis of race, color, religion, age, gender, national origin or disability.

INSTRUCTIONS TYPE OR PRINT CLEARLY. Complete the entire **two** pages of the application form – do not leave any section blank. If space provided in any section proves inadequate, information may be continued on additional sheets of paper using the same section format. Be sure your name is on all attachments. Do not staple the application or any of the attachments. Do not bind application in any way. Make sure signatures are provided where requested.

***** IF SIGNATURES ARE NOT PROVIDED WHERE REQUESTED, APPLICATION WILL BE DISQUALIFIED *****

APPLICANT DATA

Last Name _____ First _____ Middle Initial _____

Permanent Home Mailing Address _____

City _____ State _____ Zip _____

TELEPHONE (_____) _____ E-MAIL _____

Social Security Number _____ Date of Birth: Month _____ Day _____ Year _____

[FOR STATISTICAL PURPOSES ONLY] Please indicate your status. Male Female

CHECK ALL THAT APPLY:

American Indian/Alaska Native Black/African American Native Hawaiian/Pacific Islander Other (Please specify) _____

Asian Hispanic/Latino White/Caucasian _____

TRANSCRIPT & HIGH SCHOOL INFORMATION

An official transcript of grades **must** be sent with this application. On-line transcripts and grade reports are not acceptable.

- High school seniors and students who have completed less than one quarter or semester of postsecondary education must include a high school transcript of grades and have this section completed by the appropriate school official. (A clear explanation of the school's grading scale must also be submitted.)
- Students currently or previously enrolled in college or vocational-technical school must include all college or vo-tech transcripts of grades from each school attended. (Completion of this section is not necessary under this circumstance.)

Applicant ranks _____	Cumulative Grade Point Average	PSAT		SAT 1		ACT	
In a class of _____	Weighted: _____ / 4.0 scale	VERBAL	MATH	VERBAL	MATH	ENGLISH	MATH
	Unweighted: _____ / 4.0 scale						

High School Name: _____

Address _____ City _____ State _____ Zip _____

Telephone: (_____) _____ High School Graduation Date: Month _____ Year _____

School Official's Signature _____ Title _____

COLLEGE OR VO-TECH INFORMATION

College or vocational school you plan to attend (If unknown, leave line blank, but complete remainder of section) Use **official** school names. Do **not** use abbreviations. Students currently in postsecondary education system, please list school currently attending.

_____ City _____ State _____

4-year College or University 2-year Community or Junior College Year in school for 2008-2009 school year:

Vocational-Technical School Other, explain _____ 1 2 3 4 5

Major or course of study _____ Expected date of college graduation: Month _____ Year _____

Enrollment Status: Full-Time Part-Time Other _____

Degree sought: Bachelor Associate Certificate Other _____

COMMUNITY VOLUNTEER SERVICE

Describe all community volunteer service you have performed during the **past four years**. While the community service may be sponsored by a school or church, the volunteer activity must reach out and give service to others in the greater community in which you live. **Signatures are required.** If unable to obtain a signature from a supervisor, you may have a high school official sign instead, but that person must be someone who can verify your community service activity.

***** IF NO SIGNATURE IS PROVIDED, THAT PORTION OF VOLUNTEER SERVICE WILL NOT BE COUNTED *****

Description of Community Service Performed	# of Years Participated	Total Hours Volunteered for Each Activity	*** Signature of Supervisor *** (Required)
TOTAL OF ALL HOURS VOLUNTEERED:			

WORK EXPERIENCE

Describe your paid work experience during the **past four years** (e.g. babysitting, food server, lawn mowing, office work). Indicate dates of employment for each job and approximate **number of hours worked** each week. List total amounts earned at each job.

Employer/Position	From (Month/Year)	To (Month/Year)	Hours per Week	Total Amount Earned

GOALS & ASPIRATIONS

Make a brief statement of your plans as they relate to your educational and career objectives and long-term goals.

APPLICATION CHECKLIST

The student is responsible for submitting all materials to Scholarship America on time. Incomplete applications will not be evaluated. This application becomes complete and valid only when Scholarship America has received all of the following materials.

- Student Application including Required Signatures
- Current Complete Transcript(s) of Grades (including grading scale).
On-line transcripts are not acceptable.

All materials, including transcript, must be addressed to:

Dollars for Scholars®
Community Volunteer Service Awards
 P.O. Box 297
 St. Peter, MN 56082
 Postmark Deadline: March 16, 2009

CERTIFICATION

Scholarship America®, has the sole responsibility for selecting recipients based on criteria as set forth in the attached letter. This application becomes the property of Scholarship America. It is recommended that you keep a copy for your files.

I acknowledge decisions of Scholarship America are final. I certify that I meet the basic eligibility requirements of the program and that the information provided is complete and accurate to the best of my knowledge. If requested, I agree to provide proof of information I have given on this form. Falsification of information may result in termination of any scholarship granted. I give permission to use my name and/or likeness for purposes of advertising or trade in Scholarship America and/or corporate sponsor publicity.

APPLICANT AND CHAPTER OFFICIAL SIGNATURES ARE REQUIRED.

Applicant's Signature (Required) _____ Date _____

Parent's Signature _____ Date _____
 (Required if applicant is under 18 years of age)

Signature of Chapter Official (Required) _____

Print Name and Title _____

Name of Chapter (Required) _____ State _____