



# **DCCSF SCHOLARSHIP APPLICATION**

## **DECATUR COUNTY COMMUNITY SCHOLARSHIP FOUNDATION, INC.**

[check those scholarships you are eligible]

### **Applicant Information:**

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

\_\_\_\_\_ **The Cecilia Springmeyer Memorial Scholarship**

I am pursuing the field of Education or Teaching, Law Enforcement or Criminal Justice, Animal Husbandry or Agronomy.

\_\_\_\_\_ **The Shirk English Scholarship**

I have done well in Reading, Writing, and English classes, and I have good command of the language when communicating.

\_\_\_\_\_ **The Russell Corya Scholarship**

I am pursuing the field of Agriculture or a related field.

\_\_\_\_\_ **The Nick Spurlin Memorial Scholarship**

I am pursuing the field of Art Education, Social Work, or Mental Health Counseling.

\_\_\_\_\_ **The Robert Friedersdorf Scholarship**

I am pursuing the field of Agriculture or a related field.

\_\_\_\_\_ **DCCSF General Scholarships**

I will gladly accept a scholarship of \$1000 to meet the needs of my college tuition.

\_\_\_\_\_ **The Jean Reed Scholarship**

I will gladly accept a scholarship of \$1000 to meet the needs of my college tuition.

\_\_\_\_\_ **The George Hayes Scholarship**

I will gladly accept a scholarship of \$1000 to meet the needs of my college tuition.

\_\_\_\_\_ **The Arthur Moor Scholarship**

I will gladly accept a scholarship of \$1000 to meet the needs of my college tuition.

\_\_\_\_\_ **The Dollars for Scholars Memorial Scholarship**

I will gladly accept a scholarship of \$1000 to meet the needs of my college tuition.

\_\_\_\_\_ **The Lehman and Risk Scholarships (p. 9, Financial information required)**

I will complete the needed financial paperwork as well as this application.



**DUE DATE: Friday - December 11, 2020**

**DCCSF SCHOLARSHIP APPLICATION  
DECATUR COUNTY COMMUNITY SCHOLARSHIP FOUNDATION, INC.**

ELIGIBILITY AND SELECTION:

1. Any student of Decatur County Community High Schools, **residing in the Decatur County Community School District** may apply for a scholarship award offered by the Foundation.
2. Students **MUST RESIDE** in the Decatur County Community Schools district to apply.
3. Any graduate of these schools **within thirty (30) months from the date of graduation**, may apply for a scholarship award offered by the Foundation.
4. Application must be submitted by December 11, 2020 to Guidance Counselor Office.
5. Applications are available at the Decatur County Community School Administration Office or from the Guidance Counselors at the Decatur County Community High Schools and website : <http://www.dccsfoundation.org>
6. Scholarship winners will be determined by the criteria listed on individual scholarship descriptions attached to this application.
7. The Scholarship Selection Committee shall be composed of the following:  
  
Two (2) teachers from North Decatur High School  
  
Two (2) teachers from South Decatur High School  
  
Two (2) current members of the Board of Directors of the Foundation  
  
One (1) person from the community who is not in any way an employee or board member of the Decatur County Community Schools and not a board member of the Foundation.



The teachers representing each high school shall have been employed in their respective high school for at least the past four (4) consecutive years.

In the event that any applicant for scholarship is a relative, by blood or marriage, (including nieces, nephews, or cousins of the first degree) of any member of the selection committee, then that member shall declare a conflict of interest and shall be ineligible to serve upon the selection committee for that year. The board of directors of the Foundation shall appoint a replacement in lieu of the ineligible committee member immediately. Selection committee members may serve no more than two consecutive years, and may not be eligible for reappointment for a period of two years thereafter.

The person selected from the community at large shall serve as the chairman of the selection committee.

8. Scholarships will be at least \$1000 and differ according to individual scholarships.

9. Scholarships may be used at any accredited college, university, vocational, or professional training.

10. Scholarships shall be awarded only to the most qualified applicant and shall not attempt to allocate the awards between the graduates of North Decatur and South Decatur High Schools.

NOTE: If applicant has attended a college, university, vocational school or professional school, it is the responsibility of the applicant to have a transcript of those grades attached to the application.



**STEP 1. Complete (by typing or printing neatly) pages 3-9.**

**Applicant Information:**

Last Name \_\_\_\_\_  
First Name \_\_\_\_\_  
Middle Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_

**Applicant Contact Information:**

Home Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Township: \_\_\_\_\_

Phone Number 1: \_\_\_\_\_  
Phone Number 2: \_\_\_\_\_  
Person Email Address: \_\_\_\_\_  
(not school email)

**Applicant Parent(s) Information:**

Last Name(s): \_\_\_\_\_  
First Name(s): \_\_\_\_\_  
Phone Number 1: \_\_\_\_\_  
Phone Number 2: \_\_\_\_\_  
Father's Employer/Occupation: \_\_\_\_\_  
Mother's Employer/Occupation: \_\_\_\_\_  
Father's Home Address: \_\_\_\_\_  
(if different from Applicant)  
Mother's Home Address: \_\_\_\_\_  
(if different from Applicant)  
Parent Email Address: \_\_\_\_\_



Please list any other children in the family (or children residing at same residence):

Name	Age	Grade

Current High School:

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Other High Schools Attended – list Name/Year attended:


What diploma will you be receiving when you graduate high school? (please check):

- General  CORE 40  CORE 40-Academic Honors  
 Core 40 -Technical Honors

List in order of importance to you, the school activities, offices and/or special school projects in which you participated, that were outside a course or classroom. Also indicate year(s) of involvement (9,10,11,12):




List Work Experience and indicate responsibilities of each job held:


Have you ever been suspended, expelled, or dismissed from school or on in-school suspension?

Yes  No

If Yes, please explain:


Have you ever been convicted of a crime, (actually convicted, not just arrested) or have you been adjudicated a “juvenile delinquent?”

Yes  No If Yes, to either of these questions, attach a statement to this application explaining why that factor should not affect your entrance into college and should not be a consideration under this application

List all colleges, universities or vocational schools, in order of your preference, where you have filed entrance applications:


Have you been accepted at your first choice?  Yes  No

Have you been accepted at your second choice?  Yes  No

How long will it take you to complete your degree? \_\_\_\_\_

Intended Major: \_\_\_\_\_

Intended Minor: \_\_\_\_\_



As of date this Application is completed: List any scholarships other than Foundation Scholarships that you have been awarded:


**Are you currently a part of the Twenty-First Century Scholars program? \_\_\_\_\_ Yes \_\_\_\_\_ No**

Explain how your major extra-curricular activities have contributed to your development as a person, including any officer positions held or honors or awards received. Typed sheet may be attached.


List your community activities (scouts, 4-H church, etc.) and number of years you have been involved. Include any offices, honors, and awards you may have received. Explain how these activities have contributed to your development as a person. Typed sheet may be attached.


List other activities (jobs, hobbies, responsibilities, self-directed studies, etc.) which you feel have contributed to your personal growth. Explain what part you feel they have played. Typed sheet may be attached.




Please attach a letter or statement addressed to the selection committee explaining your intended use for the scholarship or the anticipated vocation, professional or academic courses of study. The letter or statement should also contain a brief summary of your personal goals and future plans.


I hereby certify the information given in this application is accurate and complete to the best of my knowledge. If I am accepted as a scholarship winner, I agree to abide by the policies, philosophy of conduct, and expectations of the scholarship committee.

\_\_\_\_\_  
Student Signature \_\_\_\_\_  
Date

We give permission for \_\_\_\_\_'s  
[insert student's name] school academic records from  
\_\_\_\_\_ [insert high school] to be  
released to the Decatur County Community Scholarship Selection  
Committee for the use in determining awards.

\_\_\_\_\_  
Student Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Parent(s) Signature \_\_\_\_\_  
Date

**Important!** Misrepresentation in any statement may be considered reason (s) for cancellation and repayment of any scholarship.

Received: \_\_\_\_\_





***STEP 2. Complete (by typing or printing neatly) this page ONLY IF applying for: Lehman, Risk, and/or Risk-Sparks Scholarships. If not apply to these scholarships – then go to STEP 3.***

**FINANCIAL ASSISTANCE QUESTIONNAIRE  
Parents Income, Expense and Asset Data**

*[for the year 2019]*

The applicant’s parent(s) must complete the following section. NOTE: If legally classified as an independent student, use this section to supply your (and your spouse's – if any) financial information. Indicate (by checking) whether the information if from:

- Did not Complete and 2019 Tax Return
- Completed 2019 Tax Return – IRS FORM 1040/1040A/1040EZ

1. County of Residence: \_\_\_\_\_

2. 2019 Adjusted Gross Income \$ \_\_\_\_\_  
(Form 1040–Ln 38/1040A–Ln 22)

3. Total Federal Tax Paid \$ \_\_\_\_\_  
(Form 1040–Ln 63/1040A–Ln 39)

4. Total income of father (or self if independent) \$ \_\_\_\_\_

5. Total income of mother \$ \_\_\_\_\_

6. Medical/Dental Expenses not paid by insurance \$ \_\_\_\_\_  
(note: exclude premiums)

7. Total Value of Cash/Checking/Savings/Cash Value in Stocks/Etc \$ \_\_\_\_\_  
(note: exclude retirement plan funds/IRS/401K)

8. Total number of family members living in the household and primarily supported by the reported income \_\_\_\_\_

9. Marital Status of parent/legal guardian or independent student's current marital status is: (check one)

- Single
- Married
- Separated
- Divorced
- Widowed

10. Total number of family members attending a post secondary school at least half-time during the 2020-21 school year, including applicant – do not include parent(s): \_\_\_\_\_

***CERTIFICATION: All of the information on this form is true and complete to the best of my (our) knowledge. If asked by an authorized official of Scholarship America, I (we) agree to give proof of the information that I (we) have given on this form. I (we) realize that this proof may include a copy of my (our) 2019 US 1040 Income Tax Return. I (we) also realize that if I (we) do not give proof when asked; the student my not receive aid.***

This information will by used ONLY by the DCCFS President and Selection Committee Chairman



**STEP 3. Review your completed application**

**STEP 4. Submit to Guidance Counselor to complete the following:  
SECTION II - (Page 11)**

Section II. To be completed by your Guidance Counselor

Please add the following materials to the section of the application prepared by the student and submit the completed application to Guidance Counselors Office.

- Current high school transcript. If applicant is attending or has attended a college, university, or vocational school, grade transcripts from this must also be included.
- Rank in High School Class: \_\_\_\_\_ or of \_\_\_\_\_ students
- Grade point average: High School \_\_\_\_\_ College, etc. \_\_\_\_\_
- Type of High School Diploma being earned: \_\_\_\_\_
- Results of Scholastic Aptitude Test or its equivalent, if applicant intends to use the scholarship for education at a college or university.
- Results of any vocational or professional examination or certification program, if scholarship is intended for use in vocational or professional training.

I have reviewed the material prepared by the student, and in so far as I know, it is accurate.

\_\_\_\_\_

Signature of Guidance Counselor

\_\_\_\_\_

Date