

Dul Foundation Scholarship Program

APPLICATION

TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES

Completeness and neatness ensure your application will be reviewed properly.

Application postmark deadline February 15

FOR
SCHOLARSHIP
AMERICA
USE ONLY

I.D. #	AA	PD	RIC/CS	GPA	SATCR	SATM	SATW	ACTC	TOTAL

STUDENT
APPLICANT
DATA

Last Name _____ First _____ Middle Initial _____

Permanent Home

Mailing Address _____ Apartment # _____

City _____ State _____ ZIP Code _____

Phone (_____) _____ Date of Birth: Month _____ Day _____ Year _____

Email Address _____

Please indicate your status. (For statistical purposes only) Male Female

Student Applicant Relationship to Employee: Self Child Stepchild Legal Dependent Spouse

EMPLOYEE
INFORMATION

Last Name _____ First _____ Middle Initial _____

Employee of Fox Hills Golf and Banquet Center or Clips & Clamps Industries

Has the employee worked here at least 400 hours in the preceding calendar year? Yes No

Date of Hire: Month _____ Day _____ Year _____ Email Address _____

Job Title _____ Department _____

HIGH
SCHOOL
DATA

School Name _____ High School Graduation Date: Month _____ Year _____

City _____ State _____ Phone (_____) _____

POST-
SECONDARY
SCHOOL
DATA

Name of postsecondary school you plan to attend. (If unknown, please list in order of preference the schools to which you have applied.)
Use official school names. Do **not** use abbreviations.

_____ City _____ State _____

_____ City _____ State _____

4 yr. College or University 2 yr. Community or Junior College Vocational-Technical School

Professional/Graduate School Other, explain _____

Year in school next year: 1 2 3 4 5 or Graduate Study Enrollment will be Full-time Part-time

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

Degree sought: Ph.D. Master Bachelor Associate Certificate Other _____

Student will: live on campus live off campus commute from home

If school choice is a public institution, applicant will pay: in-state resident tuition out-of-state tuition

Sending a resumé does not replace any part of this application. If space provided in any section is inadequate, you may continue on additional sheets. Attachments must follow the same format. DO NOT repeat information already reported on the application form. Your name, address and name of this scholarship program should be included on all attachments.

WORK EXPERIENCE

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

Employer/Position	From - Mo/Yr	To - Mo/Yr	Hours per Week	Were you paid for your work?
				YES / NO
				YES / NO
				YES / NO
				YES / NO
				YES / NO
				YES / NO
				YES / NO

ACTIVITIES, AWARDS AND HONORS

List all school activities in which you have participated during the **past four years** (e.g., student government, music, sports, etc.). List all community activities in which you have participated without pay during the **past four years** (e.g., Boy/Girl Scouts, hospital volunteer, Special Olympics). Note all special awards, honors and offices held. **Indicate whether high school or college activities.**

Activity	No. of Years Partic.	Special Awards, Honors	Offices Held	Activity	No. of Years Partic.	Special Awards, Honors	Offices Held

GOALS AND ASPIRATIONS

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

UNUSUAL CIRCUMSTANCES

Please describe how and when any unusual family or personal circumstances have affected your achievement in school, work experience, or your participation in school and community activities.

ESSAY (REQUIRED)

Please attach an essay you wrote stating reasons why you are applying and why you should receive a Dul Foundation Scholarship. Please include any financial need concerns. *Essays are to be one side of one 8 1/2" x 11" page, double spaced, and typed in at least 10 point font. Include your name and Dul Foundation Scholarship Program on the top right hand corner of the page.*

FINANCIAL DATA

Adjusted gross income and total federal income tax amounts should be from the most recently filed tax return. If this section is not completely filled out or if the applicant does not demonstrate financial need, the student will be considered for a minimum award only.

Instructions for this section are provided in the guidelines.

Check the box which applies to the student applicant. Then supply the financial data for those listed in the right column.

I, the student applicant am the:	Whose financial data to submit:
<input type="checkbox"/> Box 1 employee and my parent(s) or guardian claim me as a dependent for tax purposes.	Data of the parents or guardian who claims the student as a dependent for tax purposes
<input type="checkbox"/> Box 2 employee and I am independent for tax purposes.	Data of the employee and spouse, if applicable
<input type="checkbox"/> Box 3 child, stepchild or legal dependent of an employee.	Data of the employee parent and his/her spouse, if applicable
<input type="checkbox"/> Box 4 spouse of an employee.	Data of the applicant and the employee

- | | |
|--|---|
| <p>1. State of Residence</p> <p>2. Adjusted Gross Income (FORM 1040) \$</p> <p>3. Total Federal Tax Paid (FORM 1040) \$
(Not the amount withheld from paychecks)</p> <p>4. Total Income of Father.....\$ Mother _____
(If Box 1 Checked Above)</p> <p>Total Income of Employee\$ Spouse _____
(If Box 2 Checked Above)</p> <p>Total Income of Employee\$ Parent _____
Parent Spouse _____
(If Box 3 Checked Above)</p> <p>Total Income of Applicant.\$ Employee _____
(If Box 4 Checked Above)</p> | <p>5. Yearly Untaxed Income and Benefits:
Please indicate source-
<input type="checkbox"/> Social Security <input type="checkbox"/> Child Support <input type="checkbox"/> Other.....\$</p> <p>6. Medical and Dental Expenses not paid
by insurance (exclude Premiums).....\$</p> <p>7. Total Cash, Checking, Savings, and Cash Value of
Stocks (exclude retirement plan funds, IRA, 401k) \$</p> <p>8. Total number of family members living in the household
and primarily supported by the reported income.....#</p> <p>9. Marital Status of employee(or parent):
<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Single</p> <p>10. Of the total number of family members on line 8, number of
students attending college at least half-time during the next
school year (include applicant, exclude parents)....#</p> |
|--|---|

OTHER AWARDS

Please list the name and annual amount of any grants or scholarships you have been awarded for the coming school year only.

Name of Award:	School to which award will be applied:	Amount:	Check One:
_____	_____	\$ _____	<input type="checkbox"/> Granted <input type="checkbox"/> Pending
_____	_____	\$ _____	<input type="checkbox"/> Granted <input type="checkbox"/> Pending

TRANSCRIPT INFORMATION

A complete transcript of grades **must** be sent with this application. Grade reports are not acceptable.

- 1. 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. Online transcripts must display student name, school name, grade and credit hours earned for each course, and term in which each course was taken. (Completion of high school information below is not necessary.)
- 2. High school seniors and students who have completed less than one full 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.)**

Applicant ranks _____
in a class of _____

Cumulative Grade Point Average	
Weighted: _____	/4.0 scale
Unweighted: _____	/4.0 scale

SAT		
Critical Reading	Math	Writing

ACT				
English	Math	Reading	Science	Composite

School Official's Signature _____ Date _____ Title _____ Phone (_____) _____

School Official's Address: Street _____ City _____ State _____ ZIP Code _____

APPLICANT APPRAISAL (REQUIRED)

To the Applicant: This section is required and must be completed in the format provided. If incomplete, your application will not be evaluated. The section is to be completed by a high school or college counselor or advisor, an instructor, or a work supervisor who knows you well.

To the Adult Appraiser: You have been asked to provide information in support of this application. Please give immediate and serious attention to the following statements. When complete, please return to applicant. If you prefer, photocopy this section and return to applicant in a sealed envelope. A letter of recommendation does not replace this section.

The applicant's choice of a postsecondary educational program is	<input type="checkbox"/> extremely appropriate	<input type="checkbox"/> very appropriate	<input type="checkbox"/> moderately appropriate	<input type="checkbox"/> inappropriate
The applicant's achievements reflect his/her ability	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's ability to set realistic and attainable goals is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The quality of the applicant's commitment to school and/or community is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The applicant is able to seek, find, and use learning resources	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates curiosity and initiative	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates good problem-solving skills, follows through, and completes tasks	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's respect for self and others is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor

Comments: _____

Appraiser's Name _____ Title _____ Phone (_____) _____

Signature _____ Organization _____ Date _____

APPLICATION CHECKLIST

The student is responsible for submitting all materials to the address below on time. Incomplete applications will not be evaluated. This application becomes complete and valid only when all of the following materials have been received:

- Student Application with completed Applicant Appraisal
- Current Complete Transcript(s) of Grades (including grading scale)
- Essay

All materials, including transcript and essay, must be addressed to:

Dul Foundation Scholarship Program
43806 Palisades Drive
Canton, MI 48187

Postmark deadline February 15

Or they may be scanned and e-mailed to tbaznavorian@gmail.com

CERTIFICATION

Scholarship America has the responsibility for selecting recipients based on criteria as set forth in the program's description. This application becomes the property of the Dul Foundation and Scholarship America. (It is recommended you keep a copy for your files.)

I acknowledge decisions are final. I certify I meet eligibility requirements of the program as described in the guidelines and the information provided is complete and accurate to the best of my knowledge. If requested, I will provide proof of information, including an official transcript of grades and a copy of my U.S. Income Tax Return. Falsification of information may result in termination of any award granted.

Applicant's Signature _____ Date _____

Employee's Signature _____ Date _____
(or Parent/Guardian - required if applicant is under 18)