



## DOLLARS *for* SCHOLARS

*A program of Citizens' Scholarship Foundation® of America*

### TO THE APPLICANT:

Please complete this application so we can determine your eligibility for receiving funds set aside to help students who plan to go on to postsecondary education, and who satisfy other criteria developed by Citizens' Scholarship Foundation® of America, Inc. (CSFA).

Complete your sections of this application at your earliest convenience, then forward the application to the person you have selected to complete the appraisal (page 4). You are encouraged to select a school or college counselor or teacher. If this procedure is inappropriate, you may select an employer, member of the clergy, a job supervisor, or any other person who is in a position to evaluate you according to the criteria given.

If any questions are not applicable to your current situation, please attach an explanatory note referring to the questions by section. **If more space is required for information on any items, you may attach additional information.** Please indicate appropriate sections.

You are responsible for seeing that all supporting documents are submitted. CSFA and its affiliate programs reserve the right to process only applications found to be complete as of the application deadline.

### **ACH Scholarship Guidelines**

*Please read the following eligibility requirements and instructions carefully.*

#### **Eligibility:**

- 1) Graduating senior of ACH planning on continuing their education through a college, university, or vocational training school **or** graduates of ACH within the last 6 years continuing his/her education through a college, university, or vocational training school.

**See the Senior Memo & College Memo for the list of available scholarships and their specific criteria.**

- 2) Must have a full-time student status
- 3) Recipient must use the award within one (1) year upon receiving it.

#### **Your Scholarship Application will only be considered if all the following forms are submitted correctly and timely:**

- 1) Completed application in its entirety (typed or neatly printed)
- 2) Current high school or college transcript
- 3) Two (2) **current** Letters of Recommendation from school faculty, staff, administration or community member (not related to student). **College students** must obtain letters of recommendation from college professors, advisers, employers, etc. (**not from high school staff**).

**Application Deadline: Must be mailed & postmarked by 1<sup>st</sup> Friday in May** (no hand deliveries accepted)

**Send To:** ACH Dollars for Scholars  
P.O. Box 182  
Hartline, WA 99135

**Certification: In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in termination of any scholarship granted.**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Chapter: **ALMIRA COULEE HARTLINE DOLLARS *for* SCHOLARS**

ID #

AWARD AMOUNT

PLEASE PRINT OR TYPE

**APPLICANT DATA**

Mr.  \_\_\_\_\_  
Ms.  Name (Last) (First) (MI) Social Security Number

Permanent Address (Street) (City) (State) (Zip)

Date of Birth (month, day, year) ( ) Telephone Number E-Mail Address

Name of parent/guardian \_\_\_\_\_

Permanent mailing address of parent/guardian if different from applicant  
(Street) (City) (State) (Zip)  
( ) Telephone Number

**SCHOOL DATA**

High School Attended \_\_\_\_\_ Graduation Date: Month \_\_\_\_\_ Year \_\_\_\_\_

Address (Street) (City) (State) (Zip) ( ) Telephone Number

Name of High School Principal \_\_\_\_\_

Name of postsecondary school for which applicant's scholarship is requested: 4-year College/University  Vo-Tech   
Community College  Other   
Accredited? Yes  No  Accepted? Yes  No

Address (City) (State) (Zip)

Year in postsecondary program during coming school year: Undergraduate 1 2 3 4 5 or Graduate 6

Student will:  Live on campus  Live off campus  commute

Enrolled:  less than half-time  half-time or more  full-time

Anticipated date of graduation from postsecondary program (month) (year)

Major field of study applicant plans to pursue \_\_\_\_\_

**OTHER AWARDS**

Please list below the names and amounts of any grants or scholarships that you have been awarded for the coming school year.

Name of Award	Amount	Granted	Pending



**PERSONAL DATA – Part 2**

I.D. #

Make a statement of your plans as they relate to your educational and career objectives and future goals, explaining why you have chosen this career path. Indicate how you plan to finance your education.

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. Also, please describe any financial hardship.

## APPLICANT APPRAISAL (REQUIRED)

To be completed by a high school or college counselor or advisor, an instructor, or a supervisor.

You have been asked to provide information in support of this application for financial aid. Please give immediate and serious attention to the following statements. **Applicants rated in the highest category should be in the top 2% of students you have ever worked with.** When complete, please return to applicant or photocopy this section and return to applicant in a sealed envelope.

The applicant's choice of a postsecondary education 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 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 (Do not name student) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Appraiser's Signature

Date

Title

( )

Telephone Number

Appraiser's Business Address (Street)

(City)

(State)

(Zip)

## TRANSCRIPT INFORMATION

1. **High school seniors and students who have completed less than one full semester** of postsecondary education must include a high school transcript of grades and have the following section completed by the appropriate school official.
2. **Students currently enrolled in college or vocational-technical school** must include recent college or vo-tech transcript of grades. (Completion of the following section is not necessary.)

Applicant ranks \_\_\_\_\_ in a class of \_\_\_\_\_ Cumulative grade point average \_\_\_\_\_/4.0 scale

School Official's Signature

Date

Title

( )

Telephone Number

School Address (Street)

(City)

(State)

(Zip)

## APPLICATION CHECKLIST

This application for student aid becomes complete only when you have returned the listed materials. (Two first-class stamps are required for mailing.)

- Application
- All required signatures
- Current Transcript of Grades
- Current Letters of Recommendation

**Application Deadline: Must be mailed & postmarked by 1<sup>st</sup> Friday in May** (no hand deliveries accepted)

**Return Application To:** ACH Dollars for Scholars, P.O. Box 182, Hartline, WA 99135