

SCHOOL AND COMMUNITY ACTIVITIES

List activities in which you have participated during the *last three years*. (School clubs, student government, publications, varsity or club sports, theater arts, Beta Club, Scouting, 4-H, etc.). Please define any acronyms.

Activity	Dates of Participation	Office/Position Held (indicate either Elected or Appointed)	Awards or Honors
_____	_____	<input type="checkbox"/> Elected <input type="checkbox"/> Appointed	_____
_____	_____	<input type="checkbox"/> Elected <input type="checkbox"/> Appointed	_____
_____	_____	<input type="checkbox"/> Elected <input type="checkbox"/> Appointed	_____
_____	_____	<input type="checkbox"/> Elected <input type="checkbox"/> Appointed	_____
_____	_____	<input type="checkbox"/> Elected <input type="checkbox"/> Appointed	_____
_____	_____	<input type="checkbox"/> Elected <input type="checkbox"/> Appointed	_____
_____	_____	<input type="checkbox"/> Elected <input type="checkbox"/> Appointed	_____
_____	_____	<input type="checkbox"/> Elected <input type="checkbox"/> Appointed	_____
_____	_____	<input type="checkbox"/> Elected <input type="checkbox"/> Appointed	_____
_____	_____	<input type="checkbox"/> Elected <input type="checkbox"/> Appointed	_____

List community agencies or organizations in which you have participated **without pay** during the *last three years*. (Religious groups, hospital volunteer, cultural activities, outreach programs, etc.).

Name of Agency or Organization	Kind of Activity	Dates of Participation	# of Hours
_____	_____	_____	<input type="checkbox"/> per week <input type="checkbox"/> per year
_____	_____	_____	<input type="checkbox"/> per week <input type="checkbox"/> per year
_____	_____	_____	<input type="checkbox"/> per week <input type="checkbox"/> per year
_____	_____	_____	<input type="checkbox"/> per week <input type="checkbox"/> per year
_____	_____	_____	<input type="checkbox"/> per week <input type="checkbox"/> per year
_____	_____	_____	<input type="checkbox"/> per week <input type="checkbox"/> per year

If you listed a leadership role in one or more of the activities or organizations cited above, please choose one, detail your responsibilities, and explain the significance of your contribution to the organization.

List jobs (including summer employment) you have held in the *last three years*.

Employer or Type of Business	Job Title or Description	Period of Employment	Dates of Employment	Hours per Week
_____	_____	<input type="checkbox"/> Full Time <input type="checkbox"/> Summer <input type="checkbox"/> Part Time <input type="checkbox"/> School Year	_____	_____
_____	_____	<input type="checkbox"/> Full Time <input type="checkbox"/> Summer <input type="checkbox"/> Part Time <input type="checkbox"/> School Year	_____	_____
_____	_____	<input type="checkbox"/> Full Time <input type="checkbox"/> Summer <input type="checkbox"/> Part Time <input type="checkbox"/> School Year	_____	_____

Of all your courses, activities, internships, and work experience, which one did you find the most rewarding or personally satisfying? Explain why.

RECOMMENDATION REQUIREMENT

Two letters of recommendation are required of all applicants, regardless of scholarship program:

- The **first letter** of recommendation should be provided by a counselor/advisor, teacher/professor, or school/college official who is familiar with your academic work.
- The **second letter** may come from a similar academic source, or from a personal contact (*not a friend, classmate, or family member*) that has knowledge of your activities outside the classroom (e.g. extracurricular activities, community service, work experience, etc.).

ADDITIONAL REQUIRED INFORMATION

Based on your current level in school, you are required to arrange for the submission of additional information to complete your scholarship application:

High School Seniors: Sign below and provide this form to your guidance counselor or school official for completion. In addition, please request that the following items be sent to the address below: 1) Your high school transcript with grades through December, and 2) two letters of recommendation (see requirements above).

First Year College Students: Sign below and provide this form to your high school guidance counselor or school official for completion. In addition, please request that the following items be sent to the address below: 1) Your complete high school transcript, 2) Your college transcript with Fall semester grades (when available), and 3) two letters of recommendation (see requirements above).

Second and Third Year College Students: Please request that the following items be sent to the address below: 1) your college transcript with Fall semester grades (when available) and 2) two letters of recommendation (see requirements above).

ALL LETTERS OF RECOMMENDATION AND SUPPORTING MATERIALS MUST BE POSTMARKED NO LATER THAN MARCH 1.

AUTHORIZATION/CERTIFICATION

Please review your responses and sign your name below. If you are a high school senior or first year college student, your signature will authorize your school to release the information requested in the *School Information & Evaluation* section. **ALL APPLICATIONS MUST BE POSTMARKED NO LATER THAN MARCH 1.**

I hereby certify that all information entered on this form is accurate and true.

Student's Signature _____ Date _____

Signature of Parent or Guardian _____ Date _____
(if applicant is under age 18)

STUDENT – DO NOT WRITE ANYTHING BELOW THIS LINE

SCHOOL INFORMATION & EVALUATION – To be completed by guidance counselor/school official.

Complete the information requested below, sign the form, and attach an **official transcript** of the student's grades that *includes the senior year courses* being taken. **If a school profile is available, include one with this form. Completion of this section cannot serve as a substitute for one of the student's required letters of recommendation.**

Please provide the following information regarding the applicant's academic record.

Student's Class Rank

Student's Class Size

Student's GPA • Weighted
 Unweighted

GPA Scale •

Standardized Test Scores
(note: all SAT scores reported below must be from the SAME test administration.)

ACT	Test Date _____	Composite Score	<input type="text"/> <input type="text"/>
SAT	Test Date _____	Critical Reading	<input type="text"/> <input type="text"/>
	Writing <input type="text"/> <input type="text"/> <input type="text"/>	Math	<input type="text"/> <input type="text"/>

Please rate the level of difficulty of the courses this student has taken and passed:

- Most Difficult Above Average Average Below Average

Based on your knowledge of the applicant, please reply to each of the following statements by checking the box that most closely matches your professional opinion of the applicant's capabilities. **Check only one box per statement.**

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
This student possesses a high level of academic ability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This student's academic performance has been exceptional.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This student is highly involved in extracurricular/co-curricular activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This student has demonstrated excellent leadership ability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This student has the self-discipline to excel in a variety of environments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This student is highly responsible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for taking the time to assist with this scholarship application. Your signature below indicates that you have reviewed the applicant's responses and certify that they are correct, insofar as the official school records indicate.

Name of School Official _____

Title/Position of School Official _____ College Board HS Code

Signature of School Official _____ Date _____

Telephone Number (inc. area code) _____ E-Mail Address _____

*Please make certain to include an official transcript.
Mail all scholarship materials to:*

**DELAWARE COMMUNITY FOUNDATION SCHOLARSHIPS
ETS SCHOLARSHIP & RECOGNITION PROGRAMS
PO BOX 6730
PRINCETON NJ 08541**

**SCHOLARSHIP MATERIALS MUST BE POSTMARKED
NO LATER THAN MARCH 1.**