

Other than the high school named on the previous page, list all schools that you attended in the *last three years*. List first the school you attended most recently.

Name of School	Location (City and State)	Dates of Attendance
_____	_____	_____
_____	_____	_____
_____	_____	_____

List special courses or programs you have taken during the last three years. List the most recent course or program first (AP, Honors, International Baccalaureate, computer certification, electronics, etc.).

Course or Program	Name of School	Dates of Attendance
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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	_____

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

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	_____	_____

PERSONAL STATEMENTS/ADDITIONAL REQUIRED ESSAYS

- If you are applying for either the **George H. Henry Award** or the **John J. Ryan Scholarship Fund**, you must also submit a personal statement indicating why you want to become a teacher.
- If you are applying for the **Janosik Family Scholarship**, you must also submit a 250 word essay on the lessons learned from reading *Back to Basics* by Johnny Janosik or *Gifted Hands* by Dr. Ben Carson.
- If you are applying for the **John A. & Marion B. Smitheman Fund**, you must also submit:
 - a personal statement indicating why you want to become an engineer
 - an additional letter of recommendation (total of three) from an engineering or mathematics teacher
- If you are applying for the **Margaret A. Stafford Nursing Scholarship**, you must also submit a one-page personal statement indicating why you want to become a nurse.
- If you are applying for the **John Burton Community Service Scholarship**, the **Harold Holland Scholarship Fund** or the **Robert LaPrad Scholarship Fund**, you must also submit an essay on the importance of community service and a description of the community service you have completed.

All personal statements/essays must be typed or printed neatly and submitted with this application. All letters of recommendation must be received by SRP no later than April 1.

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: Complete the top section of the School Information and Evaluation Form and provide it 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: Complete the top section of the School Information and Evaluation Form and provide it 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).

AUTHORIZATION/CERTIFICATION/CONSENT

Please review your responses and sign your name below. If you are under 18 years of age, please have your parent/guardian sign as well.

I hereby certify that all information entered on this form is accurate and true. I understand that false or misleading statements will result in disqualification from the scholarship competition. By signing and submitting this application, you expressly consent to permit ETS, its third party service providers, and the sponsor to transfer among themselves, and to use, the information, including personal information, submitted with this application/questionnaire, solely for the purposes stated herein.

Student's Signature _____

Date _____

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

Date _____

IMPORTANT Your application will not be considered complete unless all required materials are received by ETS Scholarship & Recognition Programs (SRP) no later than April 1, 2012.

IT IS YOUR RESPONSIBILITY to ensure that the required materials are submitted to SRP on time, even if another person is placing the material in the mail.

Submit all required materials to:

DELAWARE COMMUNITY FOUNDATION SCHOLARSHIPS
c/o ETS Scholarship & Recognition Programs
PO Box 6730
Princeton, NJ 08541

If you have any questions, please contact SRP at (609) 771-7878 or SRP-CSR@ets.org.

SRP PRIVACY STATEMENT

All materials submitted to support an application in the competition are used only in the selection process. If you are named a scholarship recipient, your folder will remain in active status during the period that the scholarship is in force, and will be retained for one year thereafter. All records are confidential and available for reference by ETS Scholarship & Recognition Programs and, as appropriate, by Delaware Community Foundation and/or the individual program sponsors.



2012 Scholarship Application

School Information & Evaluation Form

First Name _____ MI _____ Last Name _____ Social Security Number - -

AUTHORIZATION
 I hereby authorize my school official to release the information requested, including class rank and test scores, in support of my scholarship application. I understand that it is my responsibility to ensure that my school official releases the requested information so that it can be received by SRP no later than April 1, 2012.

Applicant's Signature _____ Date _____

STUDENT – DO NOT WRITE ANYTHING BELOW THIS LINE

SCHOOL INFORMATION & EVALUATION To be completed by high school guidance counselor or 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	
SAT	Test Date _____	Critical Reading	
	Writing	Math	

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 & Title of School Official (please print)

 Signature of School Official _____
 Date

 E-Mail Address

 Telephone Number

 College Board High School Code

*Please make certain to include an **official transcript and school profile.***

Mail all scholarship materials to:

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

All materials must be received by SRP no later than April 1, 2012.