

ROBERT DOHLEMAN & FAMILY

**SCHOLARSHIP APPLICATION
FIVE \$1,000.00 EACH AWARDS**

1. Applicant _____ Date _____
Address _____ Phone _____
High School Name _____ Graduation Year _____

2. Please include the following items in the application packet:

- A. Application
- B. ACT Scores
- C. Official Transcript
- D. Letter of Recommendation
- E. Class Rank (# out of #) and GPA with School Scale

3. List your participation in school activities and offices held.

4. List your participation in community activities and offices held.

5. Please state your career plans.

Institution _____ Field of Study _____

6. Are you applying for any other scholarships? **Yes or No**
If yes, please list below and indicate the amount. Mark those scholarships received.

<u>Received</u>	<u>Scholarship</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. Name of Parent or Guardian _____
Address _____
Phone _____ Number or brothers and sisters _____
Number of brothers and sisters presently in college _____
Father's Employment _____
Mother's Employment _____

8. Identify the following continuing education costs for one year:
Tuition \$ _____ Room and Board \$ _____

9. Do you have part-time or summer employment? **Yes or No**
If yes, please list your employer, position and earnings.

<u>Employer</u>	<u>Position</u>	<u>Earnings</u>
_____	_____	_____
_____	_____	_____

10. List three personal references, non-family members who would attest to your work habits and character.

<u>Name</u>	<u>Address</u>	<u>Occupation</u>
_____	_____	_____
_____	_____	_____

11. Please attach a statement from a school administrator or a teacher recommending you for this scholarship based on achievement and need.

12. I certify that I have completed this application and all statements are true and correct to the best of my knowledge.

DEADLINE: April 6, 2020

RETURN APPLICATION TO GUIDANCE OFFICE

Applicant Signature