

ROBERT DOHLEMAN & FAMILY
SCHOLARSHIP APPLICATION

1. Applicant_____ Date_____

Address_____ Phone_____

High School Name_____ Graduation Year_____

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

A. Application

D. Letter of Recommendation

B. ACT Scores

E. Class Rank (# out of #) and GPA with School Scale

C. Official Transcript

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>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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>
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_____	_____	_____
_____	_____	_____

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>
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_____	_____	_____
_____	_____	_____
_____	_____	_____

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 4, 2024

RETURN APPLICATION TO GUIDANCE OFFICE

Applicant Signature