

APPLICATION FOR TYE SCHOLARSHIP

Please return to:

Scholarship Chair

Quakerdale, P.O. Box 8, New Providence, Iowa 50206

(Please attach a current photograph of yourself. Announcement of scholarship recipients will be included in the Quakerdale *News and Views*.)

NAME (last, first, middle) _____ MAIDEN NAME _____

ADDRESS _____ E-mail _____

CITY _____ STATE _____ ZIP _____ PHONE _____

AGE: _____ SOCIAL SECURITY # _____

Date of services received at Quakerdale _____

Location (campus or foster home name) _____

High School attended _____ Year graduated from H.S. _____

Post High School Training _____

Please have the following section filled out by your High School Guidance Counselor or send official documentation from previous college attended:

ACT Composite and/or SAT combined _____

Rank in class _____ out of _____. Grade point average _____

Guidance Counselor's Signature _____

What other scholarships or financial aid will you be receiving this year: _____

Please list your activities, honors, or awards (school and in the community) within the last four years. Indicate the years you were involved.

(if more space is needed, attach additional sheet)

Please list personal hobbies and interests. _____

Name & address of college you will be attending _____

Date you are planning to enter college _____

Area of possible major in college _____

What are your reasons and goals for continuing your education? _____

Describe how Quakerdale has influenced your life. _____

References are needed from two persons (other than relatives) that will recommend that you are a good candidate for this scholarship. Please attach. List references below that will be sending letters:

NAME _____ TITLE _____

ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP _____

How do you know this person? _____

NAME _____ TITLE _____

ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP _____

How do you know this person? _____

APPLICANT'S STATEMENT

If I am granted this one-year scholarship I hereby certify that:

1. I plan to be a full-time student as defined by the office of the registrar.
2. I hereby acknowledge that the information submitted is true and correct.
3. I understand and give approval to Quakerdale to use personal quotes for various publications that have been expressed in this application.
4. I understand I must send official registrar's enrollment information to Quakerdale before first semester scholarship will be sent to the college.
5. I understand I must earn a grade point average of 2.0 in college to be able to continue my scholarship for the second semester.
6. I understand a copy of my grades from first semester and a second semester enrollment form must be sent to Quakerdale to receive the second semester scholarship.

I hereby authorize my high school to release necessary information to the Quakerdale Scholarship Selection Committee as they request such information during the selection process.

Date: _____ Signature of Applicant _____

Due to the Right of Privacy Act, in order to receive the above information, an authorized signature of a parent or guardian is needed to release this information if the applicant is under 18 years of age as of the date the application is made.

Signature of Parent or Guardian _____

PHOTO AND PERSONAL STORY RELEASE FORM

I have no objection with my photo or personal quotes being used for Quakerdale. I understand photographs and quotes may be used in various Quakerdale publications, news articles or web page. This information is used to inform the public about Quakerdale's work with children.

I also understand my last name will not be used.

NAME

DATE

PARENT OR GUARDIAN (if under 18)

DATE

I do not want my photo or personal quotes being used and do not give permission for such photos or quotes to be used in various Quakerdale publications or news articles.

NAME

DATE

PARENT OR GUARDIAN (if under 18)

DATE

I understand that I may revoke in writing the consent granted by this form at any time.