**DES MOINES SCHOOL EMPLOYEES ASSOCIATION SCHOLARSHIP**

**APPLICATION FORM**

(May be typed or in student’s clear handwriting)

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| This completed application form must be accompanied by applicant’s: (1) letter and (2) transcript, both must be received by the Des Moines Public Schools, Board of Directors, 2100 Fleur Drive, Des Moines, IA 50321, Attn: Erin Jenkins – Employee Scholarship on or before **Thursday, March 12, 2020** |

1. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex \_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Last) (First) (Middle)

1. Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Number & Street) (City, State, Zip)

1. Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Will graduate from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ High School on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Information on parent(s) who works for the Des Moines Public Schools:

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| --- | --- | --- | --- |
| Name / Relationship | Address | School / Office | Position |
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1. Write a one-page letter, including a short biography, explaining why you selected your chosen career goal and why you feel you are a worthy applicant for this scholarship.
2. Attach an official high school transcript.
3. Ensure two recommendations are submitted using the attached forms.
4. What course of training do you plan to follow? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| For office use only. Applicant Number \_\_\_\_\_\_\_\_\_\_\_\_ |

1. List in order of preference one to three colleges, universities or other schools where you have formally applied for admission

|  |  |  |
| --- | --- | --- |
| Name of Institution | Location | Accepted (Yes, No or Pending) |
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1. List all extracurricular school activities you participated in during 9th through 12th grades (athletics, music, etc.) and any office held:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. List all academic awards or honors you have received during 9th through 12th grades:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. List all community activities you have participated in during 9th through 12th grades:

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1. How do you plan to finance your education to its completion?

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1. What work experience do you have (where, responsibilities, what hours)?

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DES MOINES SCHOOL EMPLOYEES ASSOCIATION SCHOLARSHIP

CONFIDENTIAL RECOMMENDATION

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| --- | --- |
| Name of Scholarship Applicant: |   |
| High School: |  |
| How long have you known the applicant: |  |
| How did you become acquainted with the applicant:  |  |
|  |  |

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| --- |
| What outstanding qualities does the applicant possess: |

|  |
| --- |
| Why do you feel this applicant should receive the Des Moines School Employees Scholarship Award? |

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| Please comment on the promise and potential of the applicant to meet his/her career goal: |

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| --- | --- | --- | --- | --- |
| Print your name here: |  |  | Date: |  |
| Signature: |  |  |  |  |

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| Return completed form directly to: Des Moines Public Schools, Attn: Board of Directors, 2100 Fleur Drive, Des Moines, IA 50321, Att: Erin Jenkins - Employee Scholarship, by **Thursday, March 12, 2020** (**Do not return to applicant**.) |