

COLLEGE SCHOLARSHIP APPLICATION FORM
THE DEMOCRATIC WOMEN'S CLUB OF INDIAN RIVER COUNTY, FLORIDA
Confidential

Please Mail Applications to: **Indian River Democrats**
Attention: DWC Scholarship Chair
Post Office Box 651144
Vero Beach, Florida 32965-1144

Deadline for Application Packet: Postmarked by March 15, 2010

Application requirements for Local Scholarship:

1. Applicant or one parent must be a registered Democrat.
 2. Application Form
 3. A typed essay on: Why it is important to me to obtain a college education.
 4. Financial Need.
 5. Guidance Counselor Recommendation Form with GPA, Rank, Test scores.
- It is the responsibility of the student to make sure the guidance counselor's recommendation has been included and the complete packet has been sent.

Please complete all questions, putting "N/A" if "Not applicable"

1. Name _____

Last:	First:	Middle:
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2. Address:

City	State	Zip code
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Mailing Address (if different) _____

3. Telephone Number

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4. Date of Birth

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5. **Email Address:**

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High School Experience

6. High School:	Anticipated date of Graduation:	
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7. GPA:		Weighted GPA:	
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8. Class Rank:		Out of:		Adjusted Rank:		Out of:
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9. ACT Total score:		
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10. SAT scores	Verbal:	Math	Writing:
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11. List your activities and positions held in school and community

12. Estimate total number of service hours you completed in grades 11-12? _____

13. Please list any achievements and awards received:

College Information

14. Anticipated college expenses for next year: _____

15. To what College/University have you applied/chosen to go? #1 _____

#2: _____ #3 _____ Circle ones where accepted

16. Proposed major: _____

Work Experience

17. List employment experiences _____

18. Are you employed now? _____ Hours per week _____

Family Information

19. Who is a registered Democrat in your family? Self _____ Parent _____

20. Number of children in your family in college _____

21. Your annual gross family income (before taxes) **STRICTLY CONFIDENTIAL**

___ Less than \$15,000, ___ \$15,000-\$30,000, ___ \$30,000-\$50,000 ___ Greater than \$50,000

22. List any unusual family expenses: _____

23. Please rate 0-10 by circling the number corresponding to the amount of support your family will be able to provide towards your college expenses:

0 1 2 3 4 5 6 7 8 9 10

Unable to support	Somewhat support	Considerable support	Total support
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I have read this application and to my knowledge all information is correct.
I realize that failure to provide accurate information will result in this application being canceled.

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Signature of student

Signature of parent/Guardian

Date

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Print Name of student

Print Name of parent/Guardian

**Please return completed application to:
Indian River Democrats, Attention: DWC Scholarship Chair
Post Office Box 651144, Vero Beach, Florida 32965-1144**