

2019 Decatur Township Scholarship Association Inc. (DTSA) – HONOR APPLICATION

This application is an **HONOR APPLICATION** – For High School Seniors to use on your [IPAD](#).

Please note: If you have already graduated from high school, this is **NOT** the application for you. The Alumni or Renewal Application should be used.

Please enter application information in highlighted fields on all pages. Handwritten copies will NOT be accepted
Be sure to save a copy then AirDrop: Ms. Wilson, DCHS Guidance Counselor Or DTSE Counselor Ericka Gayle
Be sure to complete the Checklist below.

AGREEMENT: (Void without completing the Checklist below)

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in termination of any scholarship granted.

I understand that I am eligible to apply for an Honor scholarship, as long as I am a High School Senior in a Metropolitan School District of Decatur Township school or a resident of Decatur Township. I have at least a GPA of 2.5 (out of 4.0) or I will submit 2 letters of recommendation from a teacher or administrator with this application.

I understand that I must be applying as a full time student at a 2 or 4 year college or university or a Vocational/Technical (Vo-Tech) school.

I agree to submit with the application a photo, which I agree to allow DTSA to use for publicity purposes. Do not submit a copyrighted photo unless permission has been granted from the photographer to reproduce the image.

I understand that I will be notified, when selections have been made, prior to the Decatur Township Scholarship Association Afternoon of Recognition to be held on Sunday, **May 19, 2019**, which I agree to attend or send a representative, if I am granted a Scholarship.

I understand that I will be able to view a list of applications received beginning **Feb 18, 2019**.

I understand that scholarship recipients will be posted on the MSD Decatur Township website at www.decaturproud.org Under [Community select Decatur Twp. Scholarship Assoc.](#) on or about **April 15, 2019**.

I understand checks not cashed within 90 days will be forfeited and returned to the general fund, unless prior arrangements are made. Special exceptions will be given under unusual circumstances such as being called back into active military service. Those not continuing in school the second semester as full time undergraduate or vocational students forfeit the remainder of their scholarship. If I change schools, it is my responsibility to notify the DTSA Treasurer.

I understand I can call Awards Selection Chair, **Sandy Owens at 317-691-8348** if I have questions.

Applicant's Full Name: _____

CHECKLIST: Must be completed:

- All sections of application completed.
- All Checklist items completed.
- AirDrop application to Ms. Wilson, DCHS or Ms. Gayle DTSE by the END of the SCHOOL DAY, **February 8, 2019**. If no school on Feb 8th, by the end of the next school day.
- Letters of Recommendation, if applicable, emailed to lhawkfan@comcast.net
- Photo emailed to lhawkfan@comcast.net for publicity purposes.
- Applicant verifies to the accuracy of this application.
- Parent or Guardian verifies to the accuracy of this application.

APPLICANT DATA SECTION (Section not scored – 0 points)

Last Name _____ First Name _____ MI _____ Email Address _____

E-Permanent Street Address of Applicant _____

City _____ State _____ Zip Code _____

Telephone _____ Date of Birth (mm/dd/yyyy) _____ Male/Female _____

Ethnicity Amer. Indian/Alaska Native Black/African Amer. Asian Hispanic/Latino
 White/Caucasian Native Hawaiian/Pacific Islander Multi-Racial Other**NAMES OF PARENTS/GUARDIANS** _____*(Use names you wish read at the scholarship presentation, or printed for public relation purposes.)*

Permanent Address of Parent/Guardian _____

City _____ State _____ Zip Code _____

Telephone _____ Parent/ Guardian Email _____

SCHOOL DATA SECTION (Section not scored – 0 points)

High School Attended _____ Anticipated Year and Month of High School Graduation _____

Post-Secondary School for which the applicant's scholarship is requested _____

Address of Post-Secondary School _____

City _____ State _____ Zip Code _____

Major Field of study _____

Type: 4-Year College/Univ. Vo-Tech 2 Yr Jr. College Other _____ Full-timeClass Standing Next School Year: Freshman Sophomore Junior Senior

Anticipated year and month of post-secondary graduation _____

Check **ALL** schools that you've attended in Decatur Township. ECC/Liberty Early Elem Lynwood Stephen Decatur Valley Mills West Newton DILC Gold DILC Blue DMS DDA/DTSEDCHS Communities: Choice EDGE ICE Quest & Inquiry New Tech

Give a statement of your plans as they relate to your career objectives and future goals.

DTSA INVOLVEMENT SECTION (Section worth 5 of 55 points)

List all activities with DTSA or Decatur Township Dollars for Scholars in which you have participated during the **past 4 years**. Indicate years of participation.

Activity	15-16	16-17	17-18	18-19	Activity	15-16	16-17	17-18	18-19

UNUSUAL CIRCUMSTANCES SECTION (Section worth a possible 10 of 55 points)¹

Please report any unusual family or personal circumstances you feel warrant attention.

TRANSCRIPT INFORMATION SECTION (Section worth 120 points)

SCHOLASTIC PERFORMANCE SECTION (Section worth 80 points)

Applicant ranks _____ in a class of _____ Cumulative grade point average: _____ / 4.0 scale.

SCHOLASTIC APTITUDE SECTION (Section worth 40 points)

PSAT	Verbal _____	Math _____
SAT	Verbal _____	Math _____
ACT	English _____	Math _____

Be sure to complete all pages of the application.

Be sure to save a copy & verify all the checkboxes on front page.

Be sure to AirDrop MS. Wilson, DCHS or Ms Gayle, DTSE

Be sure to email Photo & Letters if applicable to lhawkfan@comcast.net