**Des Moines Valley Golf Club**

**Scholarship Application**

If you are an ethnic minority high school senior and live in the Des Moines Metropolitan area, you are eligible to apply for this scholarship. To be considered, you **MUST** complete all of the following:

1. Submit two (2) letters of recommendation from:
	* School Source: Teacher, Advisor, Principal, Counselor, Coach…etc
	* Personal Source: Mentor, Clergy, Employer…etc
		+ Relatives cannot be used for recommendation letters
2. Submit an **OFFICIAL** copy of your high school transcript from the registrar, confirming a minimum 2.50 GPA.
3. Submit a typed 1-2 page essay addressing the following:
	* A life or academic challenge you have experienced, how this challenge was overcome, and the lessons that were learned from it.
		+ The essay should be typed using Times New Roman, 12-point font, and double spaced. Essays should be attached to the completed application.
4. Attach a professional photo (5x7)
5. Participate in a face-to-face interview with the Scholarship Committee.

7. Return the completed application to the address below:

**Ms. Renee Hardman**

**Scholarship Committee Chair**

**4611 Turnberry Drive**

**West Des Moines, IA 50265**

**The application must be postmarked or hand delivered on or before April 3, 2017.**

Contact your counseling office or MAP Coordinator for an application.

For additional information, contact Ms. Renee Hardman at 515.556.9248 or Rhardman09@gmail.com

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, State, Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Information**

Father \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If different than address above)

City, State, Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total household Income (Not including student work income) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If different than address above)

City, State, Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other sources of income (SSI, Military benefits, FIP, Retirement, Pension, Child Support): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of other dependents in the home \_\_\_\_\_\_\_

Children \_\_\_\_\_\_\_\_\_Adults \_\_\_\_\_\_\_\_\_

Number of other family members in the home that attend college \_\_\_\_\_\_

Relationship to applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Education History** (List last school attended)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***School*** | ***Grade Point Average*** | ***Location*** | ***Dates Attended*** | ***ACT******Score*** | ***SAT******Score*** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

### \* Income must be included for application to be considered.

### Note: Information in this application is confidential and shared only with those that have a need to know.

### School and Community Involvement

*(Please list and describe. Attach a resume or additional sheet if necessary)*

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

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### College Plans

(Indicate choice of higher education/training)

* Vocational/Trade School
* Community College
* University or College (four year)

**Name of institution(s) to which you are applying, applied or are attending.**

(List no more than three (3) in priority order)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | ***Tuition Cost*** | ***Room &*** ***Board Cost*** | ***Miscellaneous Expenses*** | ***Accepted by the School*** | ***Have Not Been Informed of Acceptance*** |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |

### Names of other financial assistance for which you have made application

###### Family financial assistance:

Did you complete a Free Application for Federal Student Aid Form?

* Yes
* No

How much are you expected to pay toward your college expenses? $\_\_\_\_\_\_\_\_\_\_\_\_\_

How much are your parents, if applicable, expected to pay? $\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Scholarships and Grants: (List all those for which you have applied. Use an additional sheet if necessary.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  Scholarship/Grant(List Iowa tuition & grants. i.e. Pell, or other Scholarships) | Requested Amount | ***Amount Awarded*** | What does it cover?*(.i.e., tuition ,room & board, other)* | Have you been notified that amount was awarded? |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

###### Employment Opportunities:

*Do you plan to seek employment to help finance your education? Please explain.*

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

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

### References

Please list name and phone number of two (2) recommenders. Submit the letters of recommendation with your application and mail or hand deliver to Ms. Renee Hardman at the address referenced above.

|  |  |  |
| --- | --- | --- |
| *Name* | *Phone Number* | *Relationship to Applicant* |
| 1. |  |  |
| 2. |  |  |

**NOTE: An incomplete or late application will not be considered.**

***I certify that information provided in this application is true, complete, and accurate. All statements and essays are my own work.***

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

Applicant’s Name (printed)

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

Applicant’s Signature

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

Date