**2021Decatur Township Scholarship Association Inc. (DTSA) *– HONOR APPLICATION***

DTSA Application Number **H21**-

This application is an **HONOR** APPLICATION to use on your IPAD – For High School Seniors.

**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 School Counselor**

**Or Ms. Gayle DTSE School Counselor**

**MUST 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 understand I need to AirDrop application to Ms. Wilson, DCHS or Ms. Gayle DTSE by the END of the SCHOOL DAY, **February 5, 2021**. If no school on Feb 5th, by the end of the next school day.

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 16, 2021**, 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 15, 2021**.

I understand that scholarship recipients will be posted on the MSD Decatur Township website at [www.decaturproud.org](http://www.decaturproud.org)

Under Community select Decatur Twp. Scholarship Assoc. on or about **April 16, 2021**.

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: VOID WITHOUT COMPLETING**

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 5, 2021**. If no school on Feb 5th, by the end of the next school day.

Letters of Recommendation, if applicable, emailed to [1hawkfan@comcast.net](mailto:1hawkfan@comcast.net)

Photo emailed to [1hawkfan@comcast.net](mailto:1hawkfan@comcast.net) for publicity purposes.

Applicant verifies to the accuracy of this application.

Parent or Guardian verifies to the accuracy of this application.

Note: Since Covid-19 has mandated students to E-learning, you will not be able to AirDrop, so: email to:

**swilson@decaturproud.org or** [**egayle@decaturproud.org**](mailto:egayle@decaturproud.org)

**APPLICANT DATA SECTION** (Section not scored – **0** points)

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Last Name       First Name       MI    E-mail Address

*Permanent Street Address of Applicant*

City       State       Zip Code

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

**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 E-mail Address

**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-time Student

Class 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/DTSE

DCHS Communities:  Choice  EDGE  IA  Quest & Inquiry  New Tech

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

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**PERSONAL DATA SECTION** (**Section worth 55 points**)

**WORK EXPERIENCE SECTION** (**Section worth 20 of 55 points**)

Describe your work experiences during the **past 4 years.** Indicate dates of employment in each job and approximate number of hours worked each month. If you started work prior to four years ago, use a start date of four years ago.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Position** | **Date From (mo/yr)** | **Date To (mo/yr)** | **Total # of Months Worked** | **Average Hours Worked per Month** |
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**SCHOOL AND COMMUNITY INVOLVEMENT SECTION** (**Section worth 20 of 55 points**)

List all school activities and all community activities in which you have participated without pay during the **past 4 years** (e.g., student government, music, sports, Red Cross, church work, 4-H, other volunteer work, etc.) Indicate years of participation (out of past 4 years). Indicate all special awards, honors or offices held.

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| --- | --- | --- | --- | --- | --- |
| **Activities** | **17-18** | **18-19** | **19-20** | **20-21** | **Special Awards, Honors, Officers** |
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**DTSA INVOLVEMENT SECTION** (**Section worth 5 of 55 points**)

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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.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Activity** | **17-18** | **18-19** | **19-20** | **20-21** | **Activity** | **17-18** | **18-19** | **19-20** | **20-21** |
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**UNUSUAL CIRCUMSTANCES SECTION** (**Section worth a possible 10 of 55 points**)[[1]](#footnote-1)

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

**TRANSCRIPT INFORMATION SECTION** (**Section worth 120 points**)

***(To be filled in by High School Counselor)***

**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**)

SAT Verbal \_\_\_\_\_ Math \_\_\_\_\_

ACT English \_\_\_\_\_ Math \_\_\_\_\_

***Be sure to complete all pages of the application.***

***Be sure to save a copy & complete 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 1hawkfan@comcast.net***

1. [↑](#footnote-ref-1)