

DUNGANNON HIGH SCHOOL ALUMNI ASSOCIATION
2018 SCHOLARSHIP AWARD
Deadline: April 15, 2018

This scholarship will be awarded to high school senior(s) who are enrolling in an accredited institution to further their education. This scholarship is only applicable for the student's first year of study.

APPLICATION INFORMATION

1. Must be a graduating senior and a direct descendant of a Dungannon High School graduate or one who attended DHS and completed a GED.
2. Must be a student of excellent moral character.
3. Must have and maintain a minimum 2.0 GPA, and average scores on the SAT and or ACT.
4. Must submit an official transcript signed by your school's counselor.
5. Must include a copy of your SAT and/or ACT scores.
6. Must write a one-page (typewritten essay titled "Why This Scholarship Will Make a Difference in My Ability to Go to College". Note: A student's financial circumstances and his/her participation in school, civic, community affairs, and any extenuating circumstances which may pertain to him/her are important parts of the application.
7. Must submit the following:
 - a. A written reference from a school official. (Including information about the student's dependability, attitude, dedication, and academic performance.)
 - b. A written reference from a community leader or minister.
8. Must submit Student Aid Report (SAR) or a completed Federal Financial Aid Form.
9. **Mail applications to: Francis Davidson, 8974 River Bluff Rd. Dungannon, VA 24245**

SCHOLARSHIP DETAILS

- Scholarship will be paid directly to the student with one-half of the awarded amount being dispersed each semester. A letter from the college's Admissions Office verifying enrollment of the first semester must be sent to: Bill Osborne, 435 Forest Hills Dr., Kingsport, TN 37663, email osbornes@chartertn.net). Proof of registration and GPA from the college is required for the second semester award. (This needs to be sent also to Bill Osborne at the address above.)
- Only applications complete in every detail will be considered.
- The recipient will be notified in May at his/her Awards Day and/or by letter.

DUNGANNON HIGH SCHOOL ALUMNI ASSOCIATION
SCHOLARSHIP APPLICATION

Name: (First) _____ (M) _____ (Last) _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____ Date of Birth _____

Father/Guardian _____ Mother _____

Parent's Address:

Class Rank: _____ in class of _____

Institution You Plan to Attend:

If you plan to attend Mountain Empire Community College, are you an AIM Scholar?

Course of study:

State your goal in life:

List Awards and Honors that you have received while in high school

Tell about your contribution and participation in civic and community events.

List the extra-curricular activities in which you have participated during high school:

List any work experience you have had. (Employer, location, and dates of employment)

List members of your household, other than your parents/guardians:

Name	Age	Relationship	Attends College?	Where?
1.				
<hr/>				
2.				
<hr/>				
3.				
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Have you been accepted by a college? _____ If yes, give the complete name and address of the college and the date you plan to enroll.

Have you applied for or received other sources of financial aid or scholarships? _____ If yes, please list all awards known at this time:

Applied for:	Received?	Rejected?
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**NAME OF DUNGANNON HIGH SCHOOL GRADUATE FROM WHOM YOU
DESCEND: _____ CLASS OF _____**

If descendant did not graduate but received a GED, a copy must be mailed with the application.

Your Relationship:

Parent's/Guardian's Certification and Permission: To the best of my knowledge, the information reported is complete and correct. I hereby, give my permission for the release of information, including, but not limited to, financial information to the selection committee. I understand that all information provided will be held in confidence. In addition, I approve this application.

Parent's/Guardian's Signature(s)

Applicant's Certification: I certify that all information provided on this application is complete and accurate to the best of my knowledge. It is my intention to enter an accredited college or university. In the event that my plans change, I agree to notify my guidance counselor immediately in order that this scholarship can be awarded to an alternate.

Signature of Applicant

Date