

The Scholarship Associates

Scholarship Application

In Affiliation with Dixie State University

Please Read the Criteria for Selection Prior to Completing an Application:

- Applicant must be a Sophomore, Junior or Senior at Dixie State University
 - Applicant must have completed 30 college credits toward a degree
 - Applicant must have a 2.75 GPA or above
 - Applicant must be a full-time student working toward a Bachelors' Degree
 - Selection based on a personal interview, financial need, and potential for academic success
 - Recipients must participate in "Fund Raising Events" sponsored by Scholarship Associates
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PART I: Demographic Information

Dixie State University, Student Identification Number: _____ (required)

Last Name: _____ First Name: _____ Middle Initial: _____

Mailing Address: _____
(Scholarship correspondence will be sent to this address, so make sure it is accurate)

City: _____ State: _____ Zip: _____

Home Phone Number: _____ Alternate/Cell Phone Number: _____

DSU Email: _____ Alternate Email: _____

Date of Birth _____ Gender: Male _____ Female _____
Month Day Year

High School Attended: _____ Year of Graduation: _____

Declared Major: _____ Current Status: Sophomore ___ Junior ___ Senior ___

Current Cumulative Grade Point Average: _____ Number of Credit Hours Completed: _____

Are you currently receiving other scholarships or waivers at DSU? Yes _____ No _____

If Yes, Please list names and amount:

PART II: Income Information

Please complete the **appropriate section** using **current tax information** or W-2's

1. Are you a **Single Student under the age of 30**? If so, please complete the following questions.

Your Parent's Annual Income:

- Under \$20,000
 \$21,000 to \$30,000
 \$31,000 to \$40,000
 \$41,000 to \$50,000
 Over \$50,000

Full Name of Parents: _____

Complete Address: _____

Number of Dependent Children, including yourself, (living at home) _____

Student's Annual Income from work, using current taxes or W-2 _____

2. Are you a **Single Student, over the age of 30**? If so please complete the following questions.

Your Annual Income:

- Under \$20,000
 \$21,000 to \$30,000
 \$31,000 to \$40,000
 \$41,000 to \$50,000
 Over \$50,000

Number of Dependent Children (living at home that you support) _____

3. Are you a **Married Student**? If so, please list your and your spouse's total combined income

Name of Spouse _____

Combined Annual Income:

- Under \$20,000
 \$21,000 to \$30,000
 \$31,000 to \$40,000
 \$41,000 to \$50,000
 Over \$50,000

Name of Spouse _____ Is spouse a student? Yes ___ No ___

Number of Dependent Children, living in the household: _____

Name and Age of each dependent child:

4. Are you a **Single Parent**? If so, please list your income Annual Income:

- Under \$20,000
 \$21,000 to \$30,000
 \$31,000 to \$40,000
 \$41,000 to \$50,000

Number of Dependent Children, living in the household: _____

Name and Age of each dependent child:

PART III: Essay Section (please attach a separate page if needed. Make sure to answer all 3 questions)

A. Why do you feel you would be a good choice for this scholarship and what specific difference would this scholarship make in your life, during the next year?

B. What special circumstances have you confronted and/or had to overcome in your life that would make you a good candidate to receive this scholarship?

C. Choose ONE of the following questions and write your response.

- 1. Briefly describe your educational goals, your community & service involvement, and tell us about your hobbies and interests.*
- 2. Provide information, not gathered elsewhere in this application, that describes experiences you have had, people you have met, jobs you have held, or activities you have been involved in; that have motivated you.*

PART IV: Statement of Understanding:

By signing this application, I understand and agree to the following conditions:

1. I will be required to complete a personal interview.
2. If selected, I must maintain a 2.75 GPA or above, and be enrolled as a full-time student.
3. I must be working toward a degree at Dixie State University.
4. I will notify Alice Allred: aliceallred11@gmail.com of changes in phone number, address, name, or email as long as I am receiving the SA scholarship.
5. I agree to participate in Scholarship Associates fund raising activities and other events as required.
6. I certify that the information contained within this application is true, factual and complete.

By signing this application, I certify that the information provided on this application is accurate. In addition, I authorize the DSU scholarship office to release demographic information, grades, FAFSA results, and/or financial information, to the Scholarship Associates Committee/designee, upon request, and in order to determine current and future eligibility.

Signature

Date

Scholarship Deadline -March 30th (each academic year)
Submit Completed Application, including essay pages to:

Susan Perschon, DSU Scholarship Coordinator
Holland Centennial Commons Room 198
225 South 700 East
St George, UT 84770