**DOUVAS MEMORIAL SCHOLARSHIP APPLICATION**

FIRST GENERATION AMERICAN

Please **TYPE** or **PRINT** in **blue** or **black** ink.

NAME (Last, First): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY, STATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ZIP CODE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HIGH SCHOOL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GRADUATION DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FATHER’S NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FATHER’S PLACE OF BIRTH (COUNTRY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FATHER’S OCCUPATION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

YEAR FATHER ESTABLISHED RESIDENCY IN THE UNITED STATES \_\_\_\_\_\_\_\_\_

MOTHER’S NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MOTHER’S PLACE OF BIRTH (COUNTRY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MOTHER’S OCCUPATION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

YEAR MOTHER ESTABLISHED RESIDENCY IN THE UNITED STATES \_\_\_\_\_\_\_\_\_

IF YOU ARE AWARDED THIS SCHOLARSHIP, WHICH OF THE FOLLOWING ELIGIBLE INSTITUTIONS DO YOU PLAN TO ATTEND? (Check one)

UNIVERSITY OF WYOMING

CASPER COLLEGE

EASTERN WYOMING COLLEGE

NORTHWEST WYOMING COMMUNITY COLLEGE

WESTERN WYOMING COMMUNITY COLLEGE

SHERIDAN COLLEGE

LARAMIE COUNTY COMMUNITY COLLEGE

CENTRAL WYOMING COMMUNITY COLLEGE

WHAT DO YOU PLAN TO STUDY? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IF YOU ARE CURRENTLY ENROLLED IN COLLEGE OR IN COLLEGE COURSES, PLEASE WRITE A BRIEF DESCRIPTION OF THE PROGRESS YOU HAVE MADE TOWARD A DEGREE OR CERTIFICATE**:

DO YOU HAVE A PART‑TIME JOB? \_\_\_\_\_\_\_\_ IF YES, LIST YOUR WEEKLY SALARY \_\_\_\_\_\_\_\_\_

HOW MUCH DO YOU EXPECT TO HAVE SAVED BY NEXT FALL? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WILL YOU RECEIVE FINANCIAL ASSISTANCE FROM SOCIAL SECURITY? \_\_\_\_, VETERANS ADMINISTRATION? \_\_\_\_, VOCATIONAL REHABILITATION? \_\_\_\_, OTHER? \_\_\_\_

IF YOU ANSWERED “YES” TO THE ABOVE QUESTIONS, WHAT IS THE TOTAL AMOUNT YOU WILL RECEIVE?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HAVE YOU APPLIED FOR ANY OTHER SCHOLARSHIPS? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HAVE YOU BEEN AWARDED ANY OTHER SCHOLARSHIPS? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IF SO, LIST ACCURATE AMOUNT AWARDED FOR NEXT SCHOOL YEAR $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FOR WHICH FINANCIAL AIDS HAVE YOU APPLIED? (**CIRCLE** ALL APPLICABLE OPTIONS):

* Pell Grant
* Supplemental Educational Opportunity Grant
* College Work‑Study Program
* National Direct Student Loan
* Youth Opportunity Grant (Minority Students)
* Guaranteed Student Loan.

IN THE SPACE BELOW, **Print** or **Type** A *LEGIBLE* SHORT DESCRIPTION OF YOURSELF. INCLUDE SUCH THINGS AS ACTIVITIES, HONORS AND AWARDS. ALSO INCLUDE HOW YOU PLAN TO FINANCE YOUR EDUCATION, WHY YOU WANT TO CONTINUE YOUR EDUCATION AND WHAT UNUSUAL CIRCUMSTANCES EXIST THAT A FINANCIAL AID COMMITTEE SHOULD KNOW THAT WOULD MAXIMIZE YOUR CONSIDERATION FOR THIS SCHOLARSHIP. (USE THE BACK SIDE OR USE ANOTHER SHEET IF YOU NEED MORE ROOM.)

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Have your current (or latest) school guidance counselor or principal complete the following for you.

Applicant ranks \_\_\_\_\_ from the top in a class of \_\_\_\_\_, with a GPA of \_\_\_\_\_/4.0.

ACT Composite Score \_\_\_\_\_\_\_ (if available)

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

Signature of Counselor or Principal Telephone Number