



Wyoming Department of Education

Dr. Jim McBride, Superintendent of Public Instruction
Hathaway Building, 2nd Floor, 2300 Capitol Avenue
Cheyenne, WY 82002-0050

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MEMORANDUM 2009-048

TO: School District Superintendents

FROM: Bruce Hayes, Consultant 

DATE: March 13, 2009

SUBJECT: Douvas Memorial Scholarship
(First Generation American Scholarship)

**PLEASE DISSEMINATE TO GUIDANCE COUNSELORS/FINANCIAL AID
ADVISORS**

APPLICATION DEADLINE – APRIL 30, 2009

Enclosed is a copy of the form to be used by any student meeting the qualifications and desiring to compete for the Douvas Memorial Scholarship. Please feel free to make additional copies to meet your local demand. Also enclosed is a cover sheet outlining general provisions of the scholarship and the procedure to be followed by the applicants.

I would appreciate your efforts in disseminating this information to your high school(s). Thank you.

Enclosures

Douvas Memorial Scholarship
(First Generation American Scholarship)

Details of the spring 2009 Application

Peter George Douvas, an immigrant from Greece, outlined in his will that a sum of money be left to the Wyoming Department of Education. The department will use this year's money to establish a \$500.00 scholarship to be awarded to a first generation American youth who demonstrates need and motivation to attend college.

Recipient Requirements

1. Be a first generation American. A first generation American is one born in the United States, but whose parents were not born in the United States.
2. Be a high school senior or between the ages of 18 and 22.
3. Be a resident of Wyoming.
4. Use the scholarship at one of the state's seven community colleges or the University of Wyoming.
5. Use the scholarship to meet educational expenses during the 2009-2010 school year.

Procedure

1. The applicant must return the completed application to his or her school's Guidance Office.
2. A counselor or principal must complete the bottom portion of the form and mail the form to:

Bruce Hayes, Consultant
Douvas Scholarship
Wyoming Department of Education
Hathaway Building, 2nd Floor
2300 Capitol Avenue
Cheyenne, Wyoming 82002-0050

3. A screening/selection committee within the department will make the final selection and notify the recipient and the recipient's high school.
4. The application deadline is April 30, 2009.
5. Recipient notification should take place by May 20, 2009.
6. The warrant will be payable to the recipient and the college in which he or she will enroll. It will be mailed to the college of the recipient's choice in August 2009.

DOUVAS MEMORIAL SCHOLARSHIP APPLICATION

FIRST GENERATION AMERICAN

(Form Revised February 2009)

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

NAME _____
(Last) (First) (Middle)

ADDRESS _____ 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, HOW MUCH WILL YOU
RECEIVE? _____

HAVE YOU APPLIED FOR ANY OTHER SCHOLARSHIPS? _____
HAVE YOU BEEN AWARDED ANY OTHER SCHOLARSHIPS? _____
IF SO, LIST THE AMOUNT AWARDED FOR NEXT SCHOOL YEAR \$ _____

CIRCLE THE FINANCIAL AIDS FOR WHICH YOU HAVE APPLIED: 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** 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 IF YOU NEED MORE ROOM.)

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 grade average of _____
(A=4 B=3 C=2 D=1 F=0)

ACT Composite percentile ____ (if available)

Signature of Counselor or Principal

Telephone Number