



# Wyoming Department of Education

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## MEMORANDUM NO. 2012-034

**TO:** School District Superintendents  
High School Principals

**FROM:** Bruce Hayes, Consultant  
Support Systems and Resources Division

**DATE:** February 27, 2012

**SUBJECT:** Douvas Memorial Scholarship  
(First Generation American Scholarship)

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### IMPORTANT INFORMATION TO SHARE

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

APPLICATION DEADLINE – April 30, 2012

Attached 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 attached, is a cover sheet outlining general provisions of the scholarship and the procedure to be followed by the applicants.

These forms can also be found on [www.edu.wyoming.gov](http://www.edu.wyoming.gov). I would appreciate your efforts in disseminating this information to students in your high school(s).

Contact: Bruce Hayes, Consultant  
307-777-6198  
[bruce.hayes@wyo.gov](mailto:bruce.hayes@wyo.gov)

BH:rs

Attachments

## **Douvas Memorial Scholarship**

### **First Generation American Scholarship**

(This page was last revised February 2012, but is not specific to any particular year)

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 partially meet educational expenses during the school year that follows the spring application.

#### **Procedure**

1. Access the application online at [www.edu.wyoming.gov/Programs/Douvas](http://www.edu.wyoming.gov/Programs/Douvas)
2. The applicant should return the completed application to his or her school's Guidance Office by mid-March.
3. 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

4. The application must be received by the department no later than the last business day in April.
5. A small committee within the department will make the final selection and notify the recipient and the recipient's high school.
6. Recipient notification should take place no later than the last business day of May in any given year.
7. The warrant will be payable to the recipient and the college which he or she will attend. It will be mailed to the college of the recipient's choice in the August following notification.

# DOUVAS MEMORIAL SCHOLARSHIP APPLICATION

## FIRST GENERATION AMERICAN

(Form was last revised February 2012, but is not specific to any particular year)

Please **TYPE** or **PRINT** in blue or black 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, 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 \$ \_\_\_\_\_

**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** 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 numerical 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