



## SCHOLARSHIP APPLICATION FORM

|     |  |             |
|-----|--|-------------|
| 1.  | Last Name:   | First Name: |
| 2.  | Mailing Address:<br>Street:<br>City: State: Zip:   |             |
| 3.  | Daytime Telephone Number:<br>Email Address:  |             |
| 4.  | Date of Birth:    Month                  Day                  Year                  Gender:  |             |
| 5.  | Cumulative Grade Point Average (GPA): _____ (On a 4.0 scale)   |             |
| 6.  | Name of High School attending:   |             |
| 7.  | <p>A. List any academic honors, awards and membership activities: (Use a separate sheet if necessary.)</p> <p>B. List your hobbies, interests, extracurricular activities and school-related volunteer activities:</p> <p>C. List your non-school sponsored volunteer activities in the community:</p> <p>D. List your work activities/experience:</p> |             |
| 8.  | College, University or Technical School to be attended:  |             |
| 9.  | Have you been accepted to post high school study yet?<br>If so, where?   |             |
| 10. | Field of Study:  |             |



### STATEMENT OF ACCURACY FOR APPLICANTS

I hereby affirm that all the information provided by me is true and correct to the best of my knowledge. I also consent that if chosen as a scholarship recipient that my picture may be taken and used to promote the Dardis Foundation Classroom to Career Program. (Recipient may waive photo due to unusual or compelling circumstances.)

I hereby understand that if chosen as a scholarship recipient, according to Dardis Foundation's scholarship policy, it is my responsibility to remit to Dardis Foundation the appropriate information for my scholarship to be paid directly to me before my first fall semester of post-secondary education.

I hereby understand that I will not submit this application without a minimum of two letters of recommendation and a one-page essay describing why I should be considered for this scholarship. Incomplete applications will not be considered for this scholarship.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**To be completed by Guidance Counselor or Principal:**

#### STATEMENT OF SUPPORT BY GUIDANCE COUNSELOR OR PRINCIPAL

I hereby affirm that this application meets the criteria set forth by this scholarship program and that I support this application to Dardis Foundation's Classroom to Career Scholarship.

Name of GC/Principal submitting the application: \_\_\_\_\_

High School: \_\_\_\_\_

GC/Principal contact info (email/phone): \_\_\_\_\_

\_\_\_\_\_  
Guidance Counselor/Principal Signature

\_\_\_\_\_  
Date

**Counselor/Principal is to submit the completed application package to Dardis Foundation.**

Please mail complete package to:

**Dardis Foundation  
5550 Wild Rose Lane  
West Des Moines, IA 50266**

**OR submit online at  
[dardisfoundation.org/scholarship-application](http://dardisfoundation.org/scholarship-application)**

**For Dardis Foundation use only:**

#### Checklist

☐ Application and Statement of Accuracy  
☐ Minimum of 2 letters of recommendation

☐ Essay  
☐ GC/Principal signature