

Dave Sanders Memorial Scholarship

This scholarship is made available to all students meeting qualifications in either high school or college.

1. Student must be ranked in the upper 50% of his or her high school class or have a 2.0/4.0 college GPA.
2. Eligible student must have applied to or been accepted in a 2 or 4 year program majoring in education.
3. Student must submit a high school or college transcript.
4. Student should submit a detailed personal letter offering the following information in an effort to show why they should be the recipient of this scholarship. Include any relevant information such as:
 - a) Financial need
 - b) Grade Point Average (as of most recent semester)
 - c) Community involvement
 - d) School activities
 - e) Work ethic
 - f) Special family circumstances
 - g) Strongest personal characteristics
 - h) Personal motivation for choosing education
 - i) Type of person you admire most
 - j) Please add any other information that may help the committee to know you better.
5. Student must submit 2 letters of recommendation from faculty or community members.
6. This scholarship may be renewable up to 3 years if the eligibility requirements are met. Student must reapply each year.
7. The check will be made payable to the student and the college upon receipt of verification of enrollment.
8. The recipient/recipients will be announced on Awards Night.
9. The **deadline** for application is **APRIL 1**. Application should be submitted to the school office.

DAVE SANDERS MEMORIAL SCHOLARSHIP APPLICATION

NAME _____
PARENTS' NAME _____
ADDRESS _____

PHOTO

Grades attended Southeast Fountain School Corporation;
(Circle) K 1 2 3 4 5 6 7 8 9 10 11 12

Academic Standing:

Class rank: _____

GPA of most recent semester: _____

(Please attach a current transcript.)

SAT: Verbal _____ Non-Verbal _____

I have applied to, or currently attend, the following universities:

1. _____ Accepted _____

2. _____ Accepted _____

3. _____ Accepted _____

Major of first choice: _____

Major of second choice or Minor: _____

I understand that all the information provided to the scholarship committee will be kept in the strictest confidence. I also understand that this application, and all the information requested becomes the property of the Dave Sanders Scholarship Committee.

Signature

Date