

DOOLITTLE BUSINESS SCHOLARSHIP APPLICATION

Eligibility

Financial need and/or high academic achievement shall not be mandatory criteria for a recipient to be granted a scholarship. Scholarships are limited only to graduates who attended Aberdeen Central High School for at least two years. Scholarships are also limited to sophomore, junior, or senior year expenses of students attending a four year accredited university or college who have demonstrated leadership skills, civic or community involvement, and a sincere concern for others. Although preference is to be given to applicants majoring in **Business**, other major courses of study may also be considered.

No candidate shall be denied being recipient of a scholarship on the basis of race, creed, sex, religion, national origin, or any other basis which is prohibited by Section 501 (C) (3) of The Internal Revenue Code.

Application Procedure

Applications may be picked up at the Aberdeen Public Schools Foundation Office, the Aberdeen Area Chamber of Commerce or in the Student Services area at Aberdeen Central High School. If you would like an application emailed to you, please contact either Michelle.Kingsriter@k12.sd.us or Gretchen.Sharp@k12.sd.us

Completed applications should be returned to the following address by the application deadline . . .

**Doolittle Business Scholarship
% Aberdeen Public Schools Foundation
1224 3rd Street South
Aberdeen, SD 57401
Or
Gretchen.Sharp@k12.sd.us**

PLEASE NOTE: A Completed Application includes:

- **Doolittle Business Scholarship Application - Part I**
- **Doolittle Business Scholarship Application - Part II**
- **Doolittle Business Scholarship Application - Part III**
- **3 Letters of Recommendation**

Application Deadlines

Application plus the 3 Letters of Recommendation must be postmarked no later than **May 1** or hand delivered to the Aberdeen Public Schools Foundation Office at 1224 3rd Street South, no later than 4 p.m. on May 1. Applications received after this date will not be considered. Scholarship recipients will be notified by June 1.

PART I

1. **Name in full** _____
2. **Address** (street or box) _____
(city, state, zip code) _____
3. **Social Security #** _____ **or Student ID#** _____
4. **Phone Number** _____
5. **Email address** (optional): _____
6. **Parents'/Guardians' name:** _____
Address (street or box) _____
(city, state, zip code) _____
7. **Number of years attended** Aberdeen Central High School _____
Year of graduation from Aberdeen Central High School _____
8. **Fall 2013 College Status:** Fr / Soph / Jr / Sr / not enrolled
At: _____
9. **College or University you plan to attend this fall:** _____
Address: _____
Phone Number of Financial Aid Office: _____
10. **Estimated expenses for scholarship application year -- attach documentation:**

10. **Major/Prospective Major** _____
Minor or area(s) of concentration _____
11. **Attach High School transcript and transcript of college courses completed.**
12. **Are you a citizen of the United States?** _____

PART II

Provide evidence of your leadership skills, community involvement, and concern for others supporting your application:

School Activities _____

Community Activities _____

Employment _____

Life Experiences _____

Please comment on your plans for financing your college or university education including your efforts to obtain financial aid and the results thereof.

I hereby submit my Doolittle Business Scholarship application Part I, II, III, to be considered together with information provided by references. I authorize the scholarship committee to make appropriate inquiry, to verify the authenticity and accuracy of any and all information I or my references have provided.

Dated _____ Signature _____

Letters of Recommendation are due to the Foundation office by May 1
Failure to receive this information by the scholarship deadline disqualifies the applying student.

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LETTER OF RECOMMENDATION

Name of Applicant _____

The person named above is applying for the Doolittle Business Scholarship. A description of the characteristics and abilities of this applicant would provide supplementary information to the Scholarship Committee.

Please briefly explain, how long and in what capacity have you known the applicant?

PLEASE INDICATE BELOW, ON A SEPARATE SHEET OF PAPER OR ON THE REVERSE OF THIS FORM, WHY YOU WOULD RECOMMEND THIS PERSON TO BE A DESERVING RECIPIENT OF THE DOOLITTLE SCHOLARSHIP

Signature: _____

I can be reached at: phone _____ email _____