

DOOLEY REBEKAH FOUNDATION
KLICKITAT COUNTY RESIDENTS
HIGH SCHOOL APPLICATION

The Dooley Rebekah Foundation was established for the purpose of providing scholarships to graduating students from Klickitat County. The scholarships are for students planning on attending a college, trade school, or other forms of higher education. Scholarship recipients will be announced at graduation.

NAME:

PHONE:

EMAIL ADDRESS:

MAILING ADDRESS:

DATE OF BIRTH:

FATHER'S NAME:

MOTHER'S NAME:

BROTHERS & SISTER AT HOME(include ages) OR IN COLLEGE (HOW MANY)

NAME OF SCHOOL YOU PLAN TO ATTEND:

ADDRESS OF SCHOOL:

**DO YOU PLAN ON BEING A FULL TIME STUDENT IN THE FALL? IF NOT WHEN
DO YOU PLAN TO START. YES NO**

AREA OF STUDY – WHAT DO YOU WANT TO STUDY AND WHY?

GOALS – WHAT ARE THE SHORT AND LONG TERM GOALS FOR YOUR LIFE?

ORGANIZATIONS – PLEASE LIST COMMUNITY ORGANIZATIONS SUCH AS SERVICE, VOLUNTEER, RELIGIOUS, AND OTHER COMMUNITY ORGANIZATIONS YOU HAVE PARTICIPATED IN. LIST OFFICES THAT YOU HAVE HELD. (Example: scouting 4-H, grange, and church groups).

EMPLOYMENT - PLEASE DESCRIBE ANY PAST OR PRESENT JOBS YOU HAVE HAD INCLUDING INFORMATION CONCERNING DUTIES AND RESPONSIBILITIES OF EACH JOB. VOLUNTEER WORK SHOULD BE INCLUDED AND WORK DESCRIBED. RESUMES ARE ACCEPTABLE.

LETTERS OF RECOMMENDATION: TWO CURRENT, SIGNED AND DATED LETTERS OF RECOMMENDATION, SUBMIT THEM WITH YOUR APPLICATION. ONE SHOULD BE FROM A TEACHER, PRINCIPAL, OR SCHOOL COUNSELOR, THE OTHER LETTER SHOULD BE FROM A BUSINESS PERSON, CLERGY, OR OTHER PROFESSIONALS IN THE COMMUNITY.

(LETTERS WRITTEN DURING THE CURRENT SCHOOL YEAR WILL BE ACCEPTED.)

NOTE: LETTERS FROM FAMILY MEMBERS ARE NOT ACCEPTED.

STATEMENT OF ACCURACY

I HEREBY AFFIRM THAT ALL THE ABOVE STATED INFORMATION PROVIDED BY ME IS TRUE, CORRECT, AND WITHOUT FORGERY.

I HEREBY UNDERSTAND THAT IF I'M CHOSEN AS A SCHOLARSHIP RECIPIENT I MUST PROVIDE EVIDENCE OF ENROLLMENT/REGISTRATION AT THE INSTITUTION I WILL ATTEND BEFORE SCHOLARSHIP FUNDS WILL BE AWARDED. THE FUNDS WILL BE SENT DIRECTLY TO THE NAMED INSTITUTION.

SIGNATURE OF SCHOLARSHIP APPLICANT: _____

DATE: _____

THE FOLLOWING ITEMS MUST BE ATTACHED TO THIS APPLICATION TO QUALIFY AND WILL BE REVIEWED BY THE SCHOLARSHIP COMMITTEE.

1. COPY OF MOST RECENT HIGH SCHOOL TRANSCRIPTS.
2. PROOF OF COLLEGE OR SCHOOL ACCEPTANCE WITH STUDENT ID NUMBER.
3. TWO CURRENT, DATED AND SIGNED, LETTERS OF RECOMMENDATION.

- APPLICATIONS MUST BE RECEIVED OR POSTMARKED BY APRIL 15TH
- APPLICATION MUST BE COMPLETE.
- APPLICATION MUST BE PRINTED IN INK OR TYPED.
- RESPONSES TO QUESTIONS MAY BE PROVIDED ON SEPARATE PAPER AND ATTACHED TO THIS FORM.

TURN IN APPLICATION TO GOLDENDALE HIGH SCHOOL CAREER CENTER SECRETARY OR MAIL TO PO BOX 1199, GOLDENDALE WASHINGTON 98620.

MUST BE RECEIVED BY APRIL 15TH DEADLINE