

STUDENT GUIDELINES TO DECATUR EDUCATION ASSOCIATION 2014 SCHOLARSHIP APPLICATION

1. One of your parents MUST be a member of the Decatur Education Association.
2. Complete all of the information. If an item does not apply to you, then please indicate that it does not apply by writing (N/A) in the appropriate blank.
3. Include with the application your personal letter of special awards and special circumstances.

Include your name on all pages of this application.

4. The deadline for applications is Monday, April 30, 2018, at 4:00 p.m. in the IEA/DEA office. Late or incomplete applications WILL NOT BE CONSIDERED!

NOTE: If school mail is used within the city, please send by April 30, 2018. County applications, please use US Mail.

DECATUR EDUCATION ASSOCIATION SCHOLARSHIP APPLICATION FORM - 2018

I. APPLICANT'S NAME _____

1. Address _____

City, State, Zip Code _____

2. Phone: (_____) _____ Birthdate _____

3. School _____ Phone: (_____) _____

II. PARENTS:

1. Names: Mother/Guardian _____

Father/Guardian _____

2. Place of Employment:

A. Mother/Guardian _____

Position _____ Full Annual Income _____

B. Father/Guardian _____

Position _____ Full Annual Income _____

C. Other student and/or family income _____

Total Annual Family Income (A+B+C) \$ _____

D. Which parent is a member of the Decatur Education Association?

III. FAMILY (Brothers and Sisters and Year in School):

IV. STUDENT:

1. Grade Point Average _____ on a scale of _____ Is it a "weighted" grade? _____ Class Rank _____

of _____ (Check with your guidance counselor.) 2. Leadership positions held in extra-curricular Activities (school, community, church, business, and voluntary services)

3. Past and Present Work Experiences:

_____ # of months _____

_____ # of months _____

_____ # of months _____

_____ # of months _____

4. Awards: (Non-Monetary)

V. EDUCATIONAL COSTS:

1. School expected to attend and location: _____

2. Have you been accepted? _____ Yes/No

Enrollment Date: _____

3. Major(s) _____

4. Anticipated annual cost of education: _____

5. _____ In State _____ Out of State _____ Public _____ Private

VI. FINANCIAL AID ALREADY RECEIVED:

1. Received: _____

2. Applied for: _____

Renewable: _____ Yes _____ No

VII. PERSONAL:

1. Attach a transcript from your high school.

2. Prepare a letter to send with the application. Include in the letter, needs, goals, and other pertinent

information. Letter should be 100 -125 words in length. Please include special awards and special circumstances.

VIII. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

IX. Send Application to: Decatur Education Association (IEA Office)

Scholarship Committee

2905 N. Main - Suite E

Decatur, IL 62526-3277

X. Deadline: Applications must be in the IEA/DEA office by 4:00 p.m., April 30, 2018

Signature of Student_____

Signature of Parent_____