

## RULES AND REGULATIONS FOR A MARGARET E. DALLAS SCHOLARSHIP

1. The recipient shall be a resident of Cedar County, Iowa at the time the scholarship is considered.
2. The grant shall be used for the purpose of defraying the costs of education.
3. Candidates of all ages and levels of education beyond high school shall be considered. There will be no discrimination on the basis of age, sex, race, national origin, creed, religion, marital status or disability.
4. The scholarships are available to students who have the desire and ability to finish their higher education. The application must disclose that you have a realistic financial plan for furthering your education.
5. The applicant must be of good moral character and possess the educational background to pursue his/her educational goals.
6. The recipient may pursue any course of studies at an educational organization, which normally maintains a regular faculty and curriculum (colleges, universities, nursing schools, technical schools, area schools, etc.).
7. The scholarships shall be granted on a yearly basis. These scholarships are not automatically renewable. Students may reapply annually. All applications shall be completed in full and filed with the Scholarship committee after applicants have completed at least three and one half years or the equivalent in hourly credits from high school. Applications must be postmarked on or before **April 12**. All applicants will be notified by May 30.
8. The Margaret E. Dallas Scholarships are two types.
  - A. Each year at least one scholarship of up to \$1500.00 will be available to a qualified applicant who has demonstrated a commitment to becoming a kindergarten (early childhood) teacher.
  - B. Other scholarships are available in allotments of up to \$1500.00 per year for students attending an accredited college, university, technical school, area school, etc.
9. High School students shall furnish a transcript showing three and one-half years of high school grades or the equivalent in hourly credits. In the event the applicant is a student in college, a transcript of college grades must be furnished to the Scholarship Committee for each semester or quarter, whatever the case may be. The Scholarship Committee shall retain all transcripts whether or not the applicant is granted a scholarship.
10. Those individuals not eligible for scholarships are officers, directors, trustees and members of the selection committee. Also excluded are the families of those individuals. Family is defined for this purpose as spouse, ancestors, children, grandchildren, great-grandchildren and spouses of children, grandchildren and great-grandchildren. Anyone not specifically exempted is eligible.
11. PLEASE NOTE: Incomplete applications will not be considered.
12. The letter about yourself stating your educational goals is extremely important to the committee. Be sure to include your financial need, desire for an education, and your goals. Please limit this to one (1) page.

### **MARGARET E. DALLAS SCHOLARSHIPS APPLICATION AND INFORMATION FORM FOR SCHOLARSHIP AWARD**

Type or print legibly. Return this form to the Margaret E. Dallas Scholarship Committee, Tipton Community School, 400 East Sixth Street, Tipton, Iowa 52772 – NO LATER THAN **APRIL 12.**

Name \_\_\_\_\_  
Last First Middle Birth Date

Address \_\_\_\_\_ Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Are you a student? Yes \_\_\_\_\_ No \_\_\_\_\_ High School \_\_\_\_\_ College \_\_\_\_\_

Are you employed? Yes \_\_\_\_\_ No \_\_\_\_\_ Job Description \_\_\_\_\_

Are you married: Yes \_\_\_\_\_ No \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Spouse's place of employment \_\_\_\_\_ Job Description \_\_\_\_\_

Do you have children: Yes \_\_\_\_\_ No \_\_\_\_\_ Number of ages 0-5 \_\_\_\_\_ K-12 \_\_\_\_\_ College \_\_\_\_\_

If married: you may omit the next 5 lines.

Name of Applicant's Father \_\_\_\_\_ Is he living? \_\_\_\_\_

Place of employment \_\_\_\_\_ Job Description \_\_\_\_\_

Name of Applicant's Mother \_\_\_\_\_ Is she living? \_\_\_\_\_

Place of employment \_\_\_\_\_ Job Description \_\_\_\_\_

Number of brother and sisters in your family \_\_\_\_\_ Older \_\_\_\_\_ Younger \_\_\_\_\_

Who is claiming you as a dependent? \_\_\_\_\_

What is the name and address of the school you have chosen to attend? \_\_\_\_\_

Have you been accepted: Yes \_\_\_\_\_ No \_\_\_\_\_

If your choice is college, in what area do you want to major? \_\_\_\_\_

If your choice is a vocational school, what is your field? \_\_\_\_\_

Where and when did you last attend school: HIGH SCHOOL \_\_\_\_\_

COLLEGE OR VOCATIONAL SCHOOL \_\_\_\_\_

Have you received a Margaret Dallas Scholarship in past years? Yes \_\_\_\_\_ No \_\_\_\_\_

What amount? \_\_\_\_\_ When? \_\_\_\_\_

Have you received any scholarships or grants? \_\_\_\_\_

List scholarships or grants and the amounts of each \_\_\_\_\_

**PLEASE COMPLETE AND RETURN THIS PAGE.**

Presently I rank \_\_\_\_\_ in a high school class of \_\_\_\_\_. *(Current high school applicants only.)*

Grade Point Average \_\_\_\_\_ My A. C. T. composite score was \_\_\_\_\_ (if available)

List any scholastic honors you have won \_\_\_\_\_

List the activities to which you have devoted time or which have been important to you. (Include 4-H, scouting, church, National Honor Society, sports and other activities in the school and community.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name one person who will always be responsible for your current address and will be responsible to provide it to the Scholarship Committee upon request.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

List the names and addresses of two personal references, at least one of these from Cedar County. Please ask both of these persons to fill out the accompanying recommendation form and either return it to you in a sealed envelope to accompany this application or send it directly to the MARGARET E. DALLAS SCHOLARSHIP COMMITTEE.

High School Educator \_\_\_\_\_

Community person, other than relative \_\_\_\_\_

COSTS I WILL INCUR THIS COMING SCHOOL YEAR

Tuition and Fees	\$ _____
Board and Room	\$ _____
(or Commuting Expense)	\$ _____
Books and Supplies	\$ _____
Other (Specify)	\$ _____
_____	
<b>*TOTAL</b>	<b>\$ _____</b>

RESOURCES I WILL USE THIS COMING SCHOOL YEAR

Savings	\$ _____
Scholarships	\$ _____
Summer Savings	\$ _____
College Work Study	\$ _____
College Grant or Award	\$ _____
Parents & Other Sources	\$ _____
<b>*TOTAL</b>	<b>\$ _____</b>

**\*Try to balance your Costs and Resources**

What other sources of financial help do you anticipate? \_\_\_\_\_

Do you plan to apply for a student loan? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, amount \$ \_\_\_\_\_

Do you have any outstanding loans at this time? \_\_\_\_\_ If so, from whom? \_\_\_\_\_

**Two letters of recommendation, your transcript, and a letter about yourself must be received for a complete application. High School Transcripts are not required for applicants currently enrolled in college.**

THIS COMPLETE APPLICATION WILL BE RETAINED BY THE SCHOLARSHIP COMMITTEE AS A PERMANENT RECORD OF THE APPLICANT. ONLY **COMPLETED** APPLICATIONS WILL BE CONSIDERED.

MARGARET E. DALLAS SCHOLARSHIP RECOMMENDATION

1. Applicant's name \_\_\_\_\_

2. How long have you known the applicant? \_\_\_\_\_
3. In what capacity have you known the applicant? \_\_\_\_\_  
(employer, teacher, neighbor, etc.)

4. Please rate the applicant on the following characteristics:

	<u>Excellent</u>	<u>Above Average</u>	<u>Average</u>	<u>Below Average</u>	<u>Poor</u>
Probability of success	_____	_____	_____	_____	_____
Dependability	_____	_____	_____	_____	_____
Initiative	_____	_____	_____	_____	_____
Ability to get along with others	_____	_____	_____	_____	_____
Communication Skills	_____	_____	_____	_____	_____

5. Do you feel this applicant is deserving of a scholarship? Yes \_\_\_\_\_ No \_\_\_\_\_
6. What indication can you give of the student's desire to further his/her education? (Use other side if necessary. A separate letter may be used and attached to this form.)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

7. After completing this recommendation, please return it to the applicant in a sealed envelope or to the Margaret E. Dallas Scholarship Committee, Tipton Community School, 400 East Sixth Street, Tipton, IA 52772

**Deadline** – Must be postmarked by **April 12.**

#### MARGARET E. DALLAS SCHOLARSHIP RECOMMENDATION

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(employer, teacher, neighbor, etc.)

4. Please rate the applicant on the following characteristics:

	<u>Excellent</u>	<u>Above Average</u>	<u>Average</u>	<u>Below Average</u>	<u>Poor</u>
Probability of success	_____	_____	_____	_____	_____
Dependability	_____	_____	_____	_____	_____
Initiative	_____	_____	_____	_____	_____
Ability to get along with others	_____	_____	_____	_____	_____
Communication Skills	_____	_____	_____	_____	_____

5. Do you feel this applicant is deserving of a scholarship?      Yes \_\_\_\_\_ No \_\_\_\_\_
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Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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