

SCHOLARSHIP APPLICATION

YOU SHOULD READ THIS ENTIRE SHEET AND KEEP IT FOR FUTURE REFERENCE

STUDENTS RIGHTS

You have the RIGHT to:

- A fair and objective decision without regard to race, creed, gender or national origin.

SCHOLARSHIP RECIPIENT'S RESPONSIBILITIES

It is your RESPONSIBILITY to:

- 1) Meet ALL requirements and obligations. You must:
 - a) Be a U.S. citizen or an eligible non-citizen
 - b) Eligible for DiTrollo Flexographic Institute
 - i) T.A.B.E Score of 9 in Reading & Math
 - ii) Pass Color Vision Screening
 - iii) Pass Physical Exam
 - iv) Pass Drug Screen
- 2) Selection Criteria
 - a) High School Diploma or Equivalent
 - b) Will include the applicant's academic achievements, education and career goals, demonstration of leadership, level of financial aid (please describe in essay portion of application), performance of community service and employment record.
- 3) Applicant Submit
 - a) Application
 - b) Essay not exceeding 300 words summarizing the applicant's one and five year goals including educational and professional aspirations, financial needs as well as the reasons the applicant believes he/she qualifies for the scholarship award. Please include a detailed description of work experience including specific duties.
 - c) 3-5 personal references
 - d) 3-5 professional references (employers, teachers, counselors)
 - e) Please submit all required materials in one envelope or folder. **Incomplete applications will NOT be considered.**
- 4) Performance
 - a) Maintain an 80% grade average
 - b) Monthly progress report
 - i) Attendance and Punctuality
 - (1) No more than 2 unexcused absences
 - (2) No more than 3 absences total
 - c) Student Participation of 10-20 hours weekly for 18 weeks, in addition to normal class hours.



PERSONAL REFERENCES Give the names of three persons whom you have known for at least one year.

Name	Address, City & State	Phone Number	Business	Yrs. Known

PROFESSIONAL REFERENCES Give the name of three employers, teachers or counselors.

Name	Address, City & State	Phone Number	Business	Yrs. Known

CERTIFICATION

I certify that all the information on this application, pages 2, 3 and 4, are true and complete to the best of my knowledge. I agree to provide documentation requested in this form. I realize that failure to comply with a request for further information may prevent the applicant from being considered for scholarships.

Applicant's Signature

Date