

Personal Essay: On a separate sheet of paper, type or write legibly a 250 to 500-word essay on the following:

- ✓ **Personal Qualities/Achievements**
 - Tell us about yourself and your personal -- as well as professional -- goals.
 - How do you plan to achieve your stated goals? What have you already done toward achieving those goals?

- ✓ **Community/Volunteer Service**
 - How have you served in your community?
 - What extra-curricular or community-based activities have you engaged in? Why?

Personal References: Please have two (2) professional and one (1) personal reference complete the attached recommendation forms. They are to seal the form in an envelope, sign across the seal and return the envelope to you. Please include the sealed envelopes with your application submission.

Academic Transcript: Please submit your latest official High School or College/University Transcript showing your achievement.

PLEASE SUBMIT THE COMPLETED APPLICATION FORM AND SEALED RECOMMENDATION FORMS TOGETHER WITH YOUR TRANSCRIPT AND PERSONAL ESSAY BEFORE FEBRUARY 28. YOU WILL BE NOTIFIED OF YOUR APPLICATION STATUS BEFORE APRIL 1.

NOTE: To be considered, your completed application packet must be received and postmarked by the deadline date. Late applications will not be accepted.

I attest that the information provided above is true to the best of my knowledge and ability.

Signed: _____ Date: _____

Deb Duethorn Memorial Scholarship

RECOMMENDATION FORM

Confidential

You are being asked to provide a recommendation for the applicant whose name appears below. Please answer the following questions to the best of your knowledge. Once you complete this form, **please seal this form in an envelope, sign across the seal and return the envelope to the applicant as soon as possible.** Thank you very much for your cooperation!

Name of Applicant:	
Your Name:	
Your Title/Position:	
Name of Your Organization:	
Your Telephone:	

How long and in what capacity have you known the Applicant? (Attach an additional sheet if necessary)

Please check the appropriate boxes below to best describe the applicants' characteristics.

1 = Outstanding, 2 = Above average, 3 = Average, 4 = Below average, 5 = Poor.

	1 Outstanding	2	3	4	5 Poor
Leadership/Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character/Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intelligence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diligence/Perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Comments: (Attach an additional sheet if necessary)

I attest that the information provided above is true to the best of my knowledge and ability.

Signed: _____

Date: _____

Deb Duethorn Memorial Scholarship

RECOMMENDATION FORM

Confidential

You are being asked to provide a recommendation for the applicant whose name appears below. Please answer the following questions to the best of your knowledge. Once you complete this form, **please seal this form in an envelope, sign across the seal and return the envelope to the applicant as soon as possible.** Thank you very much for your cooperation!

Name of Applicant:	
Your Name:	
Your Title/Position:	
Name of Your Organization:	
Your Telephone:	

How long and in what capacity have you known the Applicant? (Attach an additional sheet if necessary)

Please check the appropriate boxes below to best describe the applicants' characteristics.

1 = Outstanding, 2 = Above average, 3 = Average, 4 = Below average, 5 = Poor.

	1 Outstanding	2	3	4	5 Poor
Leadership/Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character/Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intelligence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diligence/Perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Comments: (Attach an additional sheet if necessary)

I attest that the information provided above is true to the best of my knowledge and ability.

Signed: _____

Date: _____

Deb Duethorn Memorial Scholarship

RECOMMENDATION FORM

Confidential

You are being asked to provide a recommendation for the applicant whose name appears below. Please answer the following questions to the best of your knowledge. Once you complete this form, **please seal this form in an envelope, sign across the seal and return the envelope to the applicant as soon as possible.** Thank you very much for your cooperation!

Name of Applicant:	
Your Name:	
Your Title/Position:	
Name of Your Organization:	
Your Telephone:	

How long and in what capacity have you known the Applicant? (Attach an additional sheet if necessary)

Please check the appropriate boxes below to best describe the applicants' characteristics.

1 = Outstanding, 2 = Above average, 3 = Average, 4 = Below average, 5 = Poor.

	1 Outstanding	2	3	4	5 Poor
Leadership/Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character/Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intelligence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diligence/Perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Comments: (Attach an additional sheet if necessary)

I attest that the information provided above is true to the best of my knowledge and ability.

Signed: _____

Date: _____