DES MOINES SCHOOL EMPLOYEES ASSOCIATION SCHOLARSHIP APPLICATION FORM

(May be typed or in student's clear handwriting.)

This completed application form must be accompanied by applicant's: (1) letter and (2) transcript and must be received by the Des Moines Public Schools, ATTN: Secondary Department, 2323 Grand Avenue, Des Moines, IA 50312, on or before **Thursday, March 3, 2016.**

1.	Name				Sex		
	(Last)	1	(First)	(Middle)			
2.	Home Address						
	(Num		ber and Street)		(City, State, Zip)		
3	Telephone No.			_			
4.	Date of Birth			<u></u>			
5.	Will graduate from	te from High School on					
6.	Information on parent(s) who works for the Des Moines Public Schools:						
	Name/Relation	nship	Addı	ess	School/Office	Position	
7.	Write a one-page letter, including a short biography, explaining why you selected your chosen career goal and why you feel you are a worthy applicant for this scholarship.						
8.	Attach an official high school transcript.						
9.	Ensure two recommendations are submitted using the attached forms.						
10.	What course of training do you plan to follow?						
Sign	Signature of Applicant: Date:						

For	office use only.	Applicant Number				
11.	List in order of preference one to three conformally applied for admission.	lleges, universities or other schools where you have				
			Accepted			
	Name of Institution	Location	Yes Pending			
	a					
	b					
	C					
12.	List all extracurricular school activities (athletics, music, etc.) and any office hel		zh 12th grades			
13.	List all academic awards or honors you	ı have received during 9th through 12	th grades:			
14.	List all community activities you have p	participated in during 9th through 12	th grades:			
15.	How do you plan to finance your educa	ation to its completion?				
	-					
16.	What work experience do you have (wh	here, responsibilities, what hours)?				