

2011

THE SAME APPLICATION FORM IS BEING USED FOR
BOTH ASSOCIATES AND DICK FRENCH MEMORIAL
(DFM) SCHOLARSHIPS

INFORMATION FOR THE **ASSOCIATES SCHOLARSHIP** IS ON
THE NEXT PAGE.

INFORMATION FOR THE **DICK FRENCH MEMORIAL (DFM)**
SCHOLARSHIP APPLICANTS IS LISTED BELOW:

If you are applying for a **DFM Scholarship**, please make a note of that on the front page of your application. Eligibility requirements are as follows:

1. Are at least 1/4 American Indian/Alaskan Native and/or are a recognized member of a federally recognized tribe.
2. Planning to be a full-time undergraduate or graduate student at an accredited 4-year college/university or a full-time student at a 2-year college enrolled in a program leading to an academic degree.
3. Planning to major in an environmentally-related discipline: Biology, Forestry, Natural Resource Management, Chemistry, Entomology, Environment Science, Hydrology, and related disciplines.
4. Residence is located within Oregon, Washington, or Idaho.
5. Have a current up-to-date student membership in American Indian Science and Engineering Society (AISES).

The DFM Scholarship is administered by the AISES Lower Columbia/Willamette River Professional Chapter.

NOTE: APPLICANTS MAY APPLY FOR BOTH SCHOLARSHIPS USING THE ATTACHED APPLICATION IF THEY MEET THE ESTABLISHED CRITERIA FOR EACH SCHOLARSHIP.

2011

APPLICATION FOR THE ASSOCIATES AND DFM SCHOLARSHIP

Applicant's Name:	
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PLEASE NOTE THE FOLLOWING:

1. APPLICATION **MUST** INCLUDE THE FOLLOWING ITEMS:
APPLICATIONS WITHOUT THIS INFORMATION **WILL NOT** BE CONSIDERED.
 - a) School Transcript (most recent);
 - b) Copy of the front and back of the cover sheet of the parents most recent Federal tax return, and of Schedules A and B, if used; and
 - c) Financial Data Sheets #1 and #2 (located at the end of this application).
2. Applications with the above information must be postmarked by April 12, 2011 or hand-delivered to a Committee member by April 15, 2011.
3. Applications must be typed or printed in ink.
4. It is in the applicant's best interest to attach at least **1 letter of reference** from a current teacher or counselor.
5. This document and its attachments will be destroyed after all scholarships are awarded. All information is confidential.
6. Applications must include evidence of parent or guardian's membership in the Associates for the year 2011. **Note: This requirement does not apply for dependents of deceased Associates members.**
7. Check one of the following:
Application for both Associates and DFM scholarships
Application only for Associates scholarship
Application only for DFM scholarship

CONFIDENTIAL

THE ASSOCIATES FOUNDATION SCHOLARSHIP FUND

The Associates Foundation (501(c)3 organization) administers a scholarship fund for the purpose of assisting the **sons and daughters of 'The Associates' (Northwest Federal Employees Association) members**, or in the absence of sufficient qualified candidates, Associates members or their spouses, in securing college or vocational education.

The scholarships are awarded on the basis of the applicant's scholastic achievement, financial need, and promise, as well as such personal qualities as character and leadership ability. In order to be eligible for consideration by the Scholarship Committee, a candidate must meet the following eligibility requirements:

- A. Applicants must be **dependent children of federal Associates members** at the time of application, or **a child of a deceased employee who was a member at time of death**. In the absence of sufficient qualified sons and/or daughters, Associates members or their spouses (or the spouses of deceased members) will be considered.
- B. All other factors being equal, the first consideration will be given to applicants less than 22 years of age.
- C. Applicants need not be high school graduates, but there must be reasonable assurance that the applicant will benefit from a higher education or training.
- D. Applicants must meet the entrance requirements of the school of their choice.
- E. Applicants must have good behavioral background and genuine interest and sincerity in seeking additional education.
- F. The grant, which will not be less than \$500, will be paid by check to the school involved with instructions for disbursement and monitoring. In the event of failure, drop-out, or entrance into the military service by the student, any unused funds remaining in the custody of the school shall be returned to the Associates Foundation Scholarship Fund.

Selection of scholarship winners is expected by the end of June. Checks will be sent by mid-August, in time for fall registration.



NW Federal Employees Association

I hereby apply for a scholarship from the Associates and/or DFM Scholarship Fund and submit the following information:

Applicant Information										
Full Name:										
<i>Last</i>				<i>First</i>			<i>Middle</i>			
Address:										
<i>Street Address</i>							<i>Apartment/Unit #</i>			
<i>City</i>							<i>State</i>		<i>ZIP Code</i>	
Phone:	()			E-mail Address:						
Date of Birth:										
Full name of parent/guardian who is a current Northwest Federal Employees Association member:										
<i>Last</i>					<i>First</i>			<i>Middle</i>		
Job Title:		Division/Agency:			Routing:					
Phone Number:		()		Associates Membership Card No:						
Home Address of Parent/Guardian:										
<i>Street Address</i>							<i>Apartment/Unit #</i>			
<i>City</i>							<i>State</i>		<i>ZIP Code</i>	
Phone Number:		()			This Parent/Guardian is: Employed? <input type="checkbox"/> Retired? <input type="checkbox"/>					
Names of persons living in your home:										
Father:					Brothers (give ages):					
Mother:					Sisters (give ages):					
					Others (how many):					
How many of your family members will be in college or post high school training during the next school year?										
Has anyone in your family ever been awarded an Associates Foundation Scholarship?							YES <input type="checkbox"/>	NO <input type="checkbox"/>		
If YES, name:					Year awarded:					
Education Information										
High School:										
Address:										
Graduation date:		High School GPA (current or final) :			Rank in graduating class and approximate number of students in graduating class:					

SAT scores:	Math:	Verbal:	
Record any other scores received (CEEB, GE, WPCT, etc.):			
What special recognition have you received for outstanding school work such as honors, prizes or scholarships?			
List the activities you have engaged in during your high school years. Include organized out-of-school activities (such as scouting, 4-H Club, church organization, etc.) as well as those connected with school (class officer, music organization, athletics, publications, etc.). Indicate the year(s) you participated:			
Activity	Special Honors or Offices Held		Year(s) of Participation

College Information (Complete either Part A or Part B)

A. Presently attending college

College:			Address:					
Major field of study:								
Dates Attended From:		To:		Present status:	Freshman <input type="checkbox"/>	Sophomore <input type="checkbox"/>	Junior <input type="checkbox"/>	Senior <input type="checkbox"/>
Cumulative college GPA :		GPA is as of which term?		Number of credits earned:	Quarter hours:		Semester hours:	

What special recognition have you received for outstanding school work such as honors, prizes or scholarships?

List the activities you have engaged in during your college years. Include organized out-of-school activities as well as those connected with school (class officer, music organization, athletics, publications, etc.). Indicate the year(s) you participated:

Activity	Special Honors or Offices Held		Year(s) of Participation

B. Starting college next year					
In which college, university or technical school do you intend to enroll?		Applied?		Accepted?	
1 st choice:		YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2 nd choice:		YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
3 rd choice:		YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Major field of study:					
Number of quarter or semester hours you will be carrying:			Date school begins:		

General Information			
Did you earn any money while in high school or college (include summers)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
What kind of work did you do?			
Do you own a car?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Balance owed on car: \$

Essay Requirement Information

Please attach an essay, telling a little about yourself, why you need this scholarship, how you plan to use the money, and what you plan to do when you finish your higher education.

Required Information

- NOTE that applications which do not include the following items WILL NOT be considered:*
- a. Official Transcript (most recent).**
 - b. Copy of the front and back of the cover sheet of the parents' most recent Federal tax return and of Schedules A and B, if used.**
 - c. Financial Data Sheets #1 and #2. (Attached to this application.)**

Applicant Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____

Submittal of Completed Application

When completed, mail this application and supporting documents to:
 Claudia Perot – NJCD-5
 Associates Foundation Scholarship Committee
 P O Box 3621, Portland, OR 97208-3621

Or hand deliver to:
 Claudia Perot, NJCD-6 (6V7), BPA HQ (503) 230-3754
 Eileen Jensen, TPS-TPP-1, Two Park Place, Vancouver, WA (360) 619-6748
 Karen Graves Pynch, Foundation Rep., KSC-4 (4V4) BPA HQ (503) 230-3194

Financial Data Sheet #1 - CONFIDENTIAL

Assets (Estimate where necessary and indicate as an estimate by checking the EST box in far right column)

A.	Parents or guardians total gross income (include bonds, interest, dividends, etc.). <i>(PLEASE ATTACH A COPY OF THE FRONT AND BACK OF THE COVER SHEET AND SCHEDULES A & B (IF USED) OF PARENT'S 2010 FEDERAL TAX RETURN (IRS Form 1040).</i>	\$	EST <input type="checkbox"/>
B.	Parents or guardians total savings, less IRAs (e.g., savings accounts, stocks, CDs, bonds).	\$	EST <input type="checkbox"/>
C.	Net income from ownership of other investments (real estate, business, etc. Specify:	\$	EST <input type="checkbox"/>
D.	Students savings (savings account, bonds, cash, etc.).	\$	EST <input type="checkbox"/>
E.	Of the sum in "D" above, amount budgeted for this school year.	\$	EST <input type="checkbox"/>
F.	If you know you will be working during the summer or school year, estimate earnings from the present to the start of the next school year.	\$	EST <input type="checkbox"/>
G.	If you have received other scholarship(s), indicate the value for one academic year.	\$	EST <input type="checkbox"/>
H.	Estimate the amount your parents will be able to contribute (in cash) for one academic year (do not include room and board if living at home).	\$	EST <input type="checkbox"/>
I.	If you will be receiving aid from other sources such as Veterans (G.I. Bill), Aid to Dependent Children, Vocational Rehabilitation, Social Security, War Orphan, income tax refund, trust funds, etc., indicate the amount per year.	\$	EST <input type="checkbox"/>
J.	If you will have income from any other source not covered above, indicate the amount.	\$	EST <input type="checkbox"/>
TOTAL ASSETS: SUM OF "E" THROUGH "J" (right click cell; "Update Field")		\$ 0	

I certify the above to be correct and complete to the best of my knowledge.

Signature of Parent/Guardian:		Date:	
Signature of Applicant:		Date:	

Financial Data Sheet #2 – CONFIDENTIAL

Liabilities and Needs (Estimate where necessary and indicate as an estimate by checking the EST box in far right column)

A.	Home if owned by parents or guardians. Purchase price	\$	EST <input type="checkbox"/>
	Present market value	\$	EST <input type="checkbox"/>
	Unpaid balance	\$	EST <input type="checkbox"/>
B.	Monthly mortgage or rental payments on family residence	\$	EST <input type="checkbox"/>
C.	Other family indebtedness (i.e., car, furniture, etc.)	\$	EST <input type="checkbox"/>
D.	Approximate amount to be paid for "C" during school year	\$	EST <input type="checkbox"/>
E.	Other family liabilities not listed (i.e., medical bills, payment on damage suites, alimony, etc.)	\$	EST <input type="checkbox"/>
F.	Student's tuition and fees	\$	EST <input type="checkbox"/>
G.	Board and room (leave blank if living at home)	\$	EST <input type="checkbox"/>
H.	Books and supplies	\$	EST <input type="checkbox"/>
I.	Clothing	\$	EST <input type="checkbox"/>
J.	Insurance	\$	EST <input type="checkbox"/>
L.	Medical and dental	\$	EST <input type="checkbox"/>
M.	Travel	\$	EST <input type="checkbox"/>
N.	Organizations	\$	EST <input type="checkbox"/>
O.	Recreation	\$	EST <input type="checkbox"/>
P.	Personal supplies	\$	EST <input type="checkbox"/>
Q.	Other (describe):	\$	EST <input type="checkbox"/>
	TOTAL EXPENSES: SUM OF "F" THROUGH "Q" (right click cell; "Update Field")	\$ 0	

I certify the above to be correct and complete to the best of my knowledge.

Signature of Parent/Guardian:		Date:	
Signature of Applicant:		Date:	