



# Delaware Forestry Association

## Scholarship Award

The scholarship to be awarded will be in the amount of one thousand dollars. The scholarship will be awarded to a full-time student who must choose forestry or a related major and be accepted or enrolled in a two-year or four-year accredited school program. Applications will be accepted year-round; the application deadline is April 1 of each year. The chosen applicant will be notified of their award by May 1.

Students will be eligible for up to four years of undergraduate study and one year of a master's program, upon reapplying, meeting the requirements, and being selected. All applicants must show financial need and academic merit. All applicants shall be in the top 25% of their class in high school, and maintain an acceptable grade point average in college. The award will be sent directly to the college in which the student is enrolled. All applicants must submit a short essay describing their personal goals and reason they feel they are deserving of this award. Applicants may be requested for a personal interview by the scholarship committee. The successful applicant will receive his or her award at the Delaware State Fair on Governor's Day.

The application and rules may be found at [www.delawareforest.com/scholarship](http://www.delawareforest.com/scholarship)

Applications may be mailed to: Delaware Forestry Association  
c/o Sam Topper  
Delaware Forest Service  
Redden State Forest  
18074 Redden Forest Dr.  
Georgetown, DE 19947

# DELAWARE FORESTRY ASSOCIATION SCHOLARSHIP AWARD

1. Name	Last	First	Middle	2. Home Phone
3. Home Address	Street	City	County	State Zip Code
4. Country of citizenship	5. Date of Birth Month Day Year		6. Place of Birth	7. Email Address

FATHER (or Guardian)

MOTHER

8a. Name	Last	First	Middle	8b. Name	Last	First	Middle
9a. Home Address	Street	City	State	9b. Home Address	Street	City	State
10a. Employer				10b. Employer			
11a. Father's gross annual income				11b. Mother's gross annual income			
12a. Father's contribution toward educational expenses				12b. Mother's contribution toward educational expenses			

13. List any other resources available to apply toward your educational expenses.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

14. Number of dependent children living at home and ages.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

15. High School Attended \_\_\_\_\_  
 Graduation Date \_\_\_\_\_

16. List Scholastic Honors and Prizes Received in High School \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

17. List School Activities in which Participated. e.g. Student Gov't. Band. Choir, Dramatics, FTA, Athletics, Etc. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

18. List Offices Held in School and Community Organizations e.g. President, Secretary, Team Captain, Etc. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

19. College / Technical School / Nursing School / Business School, Etc. Attending or Expecting To Attend:  
 Name of College / School \_\_\_\_\_  
 Address \_\_\_\_\_  
 Date of First Enrollment \_\_\_\_\_  
 Major Course of Study \_\_\_\_\_  
 Degree / Diploma Expected \_\_\_\_\_  
 Vocational Objective \_\_\_\_\_

20. Give your cumulative grade point average \_\_\_\_\_      21. Give your grade point average for this academic year \_\_\_\_\_

22a. Budget for school year for which application for DFA Scholarship is made. In the budget below total estimated expenses should be balanced by total estimated resources. An incomplete budget or obviously inflated expenses budget may be cause for rejecting the application.

22b. Indicate the Estimated Cost of Your College / School Expenses (based upon information in the institution’s catalog or bulletin) for the Year for which You Are Applying for a DFA Scholarship.

Tuition & Fees	\$ _____	Health	\$ _____
Room & Board	_____	Insurance	_____
Books & School Supplies	_____	Laundry & Dry Cleaning	_____
Clothing	_____	Other Expenses	_____
Recreation	_____	(Itemize)	_____
Transportation	_____		_____
TOTAL ESTIMATED EXPENSES \$ _____			

TOTAL RESOURCES (sum of 12a., 12b., and 13) \$ \_\_\_\_\_

23. In the space provided below, or on a separate sheet of paper, answer the following questions in a brief, concise paragraph or two. The answers must be submitted in your own handwriting.

1. My Personal Goals

2. Reasons I Feel Deserving of this Award.

Multiple blank horizontal lines for handwritten answers.

If applicant is unable to complete any apart of the application an explanatory statement should be attached.

I have read the POLICIES statement and I have checked my answers to all questions on this application. I certify that the information given herein is true and complete.

Date \_\_\_\_\_ Signed \_\_\_\_\_ (Student Applicant)

REMEMBER: AN OFFICIAL TRANSCRIPT OF GRADES MUST ACCOMPANY THIS APPLICATION