



## The Patrick Family Scholarship Fund

### 2010-2011 Academic Year

**Print, complete, and mail application to The Decatur Education Foundation at the address indicated at the end of the form. If space provided in any section is inadequate, you may continue on additional sheets of paper using the same format. DO NOT repeat information already reported on the application form. Your name, address and name of the scholarship program must be included on all attachments.**

#### ELIGIBILITY

- Graduating senior from Decatur High School in Decatur, Georgia.
- Enrollment in or acceptance to an accredited two or four-year college, university, or technical school to pursue an undergraduate degree.
- Demonstrated financial need.
- High potential for attaining stated academic or career goals in chosen field of study.
- Strong grades in topics related to that goal or chosen field of study.
- History of activities in that field.
- Previous recipients are renewed if they remain enrolled as full-time students and submit the current year's application form.

#### Applicant Name

\_\_\_\_\_

Last

First

Middle

#### Mailing Address

\_\_\_\_\_

Phone: \_\_\_\_\_ E-mail \_\_\_\_\_

State of Residence: \_\_\_\_\_ How Long? \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

#### Parent/Guardian

\_\_\_\_\_

Last

First

Middle

Day Phone: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

#### Post-Secondary

##### Plans

Name of college or university you plan to attend: \_\_\_\_\_

*(if undecided please list additional schools and cost to attend on the back of this page)*

City \_\_\_\_\_ State \_\_\_\_\_

Estimated Annual Cost to attend: Tuition: \_\_\_\_\_ Room/Board: \_\_\_\_\_

Anticipated Major: \_\_\_\_\_ Anticipated graduation date: \_\_\_\_\_



**All applicants must** include a high school transcript of grades **and** have the following information completed by the appropriate school official. On-line transcripts and grade reports are not acceptable.

Applicant ranks _____ in a class of _____	Cumulative Grade Point Average	PSAT		SAT 1		ACT	
	_____/4.0 (HOPE GPA)	Verbal	Math	Verbal	Math	English	Math

### **Essay #1 (required)**

**Please attach a statement, no more than one page typed, outlining your educational and career goals and how this scholarship will help you realize those goals.**

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### **Essay #2**

**If there are any unusual family or personal circumstances have affected your achievement in school, your ability to work or your participation in extracurricular activities, please attach a statement (no more than one page typed) describing them.**

**FINANCIAL INFORMATION**

**Applicant's Name** \_\_\_\_\_

The applicant's parents (or student, if independent) must complete this portion of the application. A copy of page one of the most recent federal tax return form 1040 must be included. **If the student applicant is not claimed as a dependent of the associate, the claiming parent or the student, if independent, must also submit the first page of his or her federal tax return.** Adjusted gross income and total federal income tax amounts should be from most recently filed tax return. **To be considered for an award, this section must be filled out completely. (see directions at end of application for additional information)**

- |  |  |
|--|--|
| <p>1. State of Residence : _____</p> <p>2. Adjusted Gross Income (FORM 1040) \$ _____</p> <p>3. Total Federal Tax Paid (FORM 1040) \$ _____<br/>(Not the amount withheld from paychecks)</p> <p>4. Total Income of Father (student) \$ _____<br/>Total Income of Mother (spouse) \$ _____</p> <p>5. Yearly Untaxed Income and Benefits:<br/>Please indicate source –<br/><input type="checkbox"/> Social Security <input type="checkbox"/> AFDC <input type="checkbox"/> Child Support<br/><input type="checkbox"/> Other _____ \$ _____</p> | <p>6. Medical and Dental Expenses not paid by insurance (exclude premiums) \$ _____</p> <p>7. Total Cash, Checking, Savings, and Cash Value of Stocks (exclude retirement plan funds, IRA, 401K) \$ _____</p> <p>8. Total number of family members living in the household and primarily supported by the reported income _____</p> <p>9. Marital status of parent or guardian (or student, if independent):<br/><input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Single</p> <p>10. Total # of family members attending college at least 1/2 time during 2010/2011, including applicant _____</p> |
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**Scholarship Awards, Grants and Financial Aid**

Please list the name and annual amount of any scholarships, grants and financial aid you have applied for/been awarded for the coming school year only.

Name of Award:	School to which award will be applied:	Amount:	Check One:
_____	_____	\$ _____	<input type="checkbox"/> Granted <input type="checkbox"/> Pending
_____	_____	\$ _____	<input type="checkbox"/> Granted <input type="checkbox"/> Pending
_____	_____	\$ _____	<input type="checkbox"/> Granted <input type="checkbox"/> Pending
_____	_____	\$ _____	<input type="checkbox"/> Granted <input type="checkbox"/> Pending
_____	_____	\$ _____	<input type="checkbox"/> Granted <input type="checkbox"/> Pending

**Include a copy of your FAFSA Student Aid Report with the application.**

**Instructions for completing the financial information**

The Financial Data section of the application should be completed by parents, guardians, or applicant if independent. Independent is defined as one who is **not** claimed as a dependent by the parent/guardian for tax purposes. Information should be from a completed tax return or based on estimated information to be filed with the IRS.

- State of Residence** is the state where the parents reside and pay state income tax.
- Adjusted Gross Income** can be found on IRS FORM 1040 and is gross income reduced by adjustments allowed by law.

3. **Total Federal Tax Paid** includes the total amount of **federal** income tax to be paid as reported on IRS FORM 1040. This is **not** the amount withheld from employee's paychecks. (The amount withheld should be adjusted by any refund or additional taxes due.) Do **not** report state income tax.
4. **Total Income** of parent(s) should be reported individually. Provide information for both natural parents, when possible. **If the student resides with only one parent**, financial information **must** be received from the parent who claims the child as a dependent for tax purposes. If a parent has remarried, the spouse's information is required if the spouse is a legal guardian of the student, or claims the student as a dependent, or the student is included in the spouse's benefit plan. **If necessary, two Financial Data sections may be submitted by the student.** A copy of the Financial Data section may be made in order for one to be completed by each parent.
5. **Untaxed Income and Benefits** include any other income or benefits not included in the adjusted gross income figure. Do not include untaxed contributions to retirement plans.
6. **Medical and Dental Expenses** include only those expenses not paid by insurance. Do not include premium payments.
7. **Total Cash, Checking, Savings, Cash Value of Stocks, etc.**, include liquid assets that can be used for educational expenses. **Do not include** IRA, 401K, or other retirement plan funds.
8. **Total Number of Family Members** living in the household and primarily supported by the reported income includes dependent college students living away from home.
9. **Marital Status** is the current status of the person from whom the financial information is submitted.
10. **Total Number of Family Members Attending College** includes all family members attending a two- or four-year college, university, or vocational-technical school at least half-time. Be sure to include the applicant in this number.

**NOTE:** Any exceptions to providing financial information as instructed above must be submitted to The Decatur Education Foundation in writing.

**Note – To be considered eligible, attach the following documents to this application form in this order in one application packet.**

- a) Completed Student Application.
- b) Current Complete Official Transcript(s) of Grades (including grading scale). On-line transcripts are not acceptable.
- c) Signed Application and Information Release Statement.
- d) Financial Information Form including the first page of Federal Income Tax form 1040 and FAFSA Student Aid Report.
- e) Two Scholarship Recommendation Forms & optional recommendation letters.
- f) Letter of acceptance from the school you plan to attend next fall.

**Deadline:** Application packets must be received (not postmarked) no later than **5pm on April 2nd, 2010**.  
Faxes and e-mails will not be considered.

**Mail or deliver application to :**

The Decatur Education Foundation  
315 W. Ponce de Leon Avenue, Suite 770  
Decatur, Georgia 30030

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**APPLICATION AND INFORMATION RELEASE STATEMENT**

The information provided in my application is, to the best of my knowledge, complete and accurate. I understand that false statements on this application will disqualify me from receiving the scholarship.

I (please print your name) \_\_\_\_\_, give permission for any college, school, or individual to release to The Decatur Education Foundation, Inc. any information necessary to process or maintain my scholarship.

I understand that it is my responsibility to ensure that all required documents attached to the application form and are received by The Decatur Education Foundation by 5pm of the deadline. I understand that late and incomplete applications will be disqualified.

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Rules and Regulations Governing Acceptance of the Scholarship**

1. The total amount of the award will be administered by the scholarship committee and the college. The award will be made in one fall installment. The check will be mailed to the recipient and made payable to the college for the student. Funds may be deposited in the recipient’s student account to be used for tuition, mandatory fees, on-campus room and board, and books other supplies available at the on-campus bookstore.
2. Recipient is expected to remain a student of good standing during his/her enrollment. It is the student's responsibility to see that the committee is informed of such progress by means of grade reports and other data. Failure to remain in good standing may endanger receipt of funds for remaining quarters/semester.
3. It is the student's responsibility to provide The Decatur Education Foundation, Inc. with the address where he/she will be most easily reached during the academic year.
4. In the event the student is unable to complete a quarter/semester and must withdraw from school, notification in writing should be made to The Decatur Education Foundation, Inc. Reasons for withdrawal must be clearly stated, as well as intentions for the future. The Decatur Education Foundation, Inc. reserves the right to request restitution of monies expended for the quarters/semester of withdrawal.

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**SCHOLARSHIP RECOMMENDATION FORM**

The student named below is applying for a scholarship administered by The Decatur Education Foundation, Inc. Your recommendation is needed as part of the application process. Please return this form to the applicant (in a sealed envelope with your signature across the flap) so he/she may submit it as part of a complete package. In addition to completing the form, you may also include a personal letter of recommendation (optional).

**To be completed by the applicant:**

Your name: \_\_\_\_\_

Your home address: \_\_\_\_\_

School you will attend next fall: \_\_\_\_\_

**To be completed by reference:**

In what capacity have you known the applicant?

\_\_\_\_\_ Student \_\_\_\_\_ Employee \_\_\_\_\_ Other (specify) \_\_\_\_\_

**To the Applicant: This section is required and must be completed in the format provided. If incomplete, your application will not be evaluated. The section is to be completed by a high school or college counselor or advisor, an instructor, or a work supervisor who knows you well.**

**To the Adult Appraiser:** You have been asked to provide information in support of this application. Please give immediate and serious attention to the following statements. When complete, please return to applicant in a sealed envelope.

The applicant's choice of a post-secondary educational program is	<input type="checkbox"/> extremely appropriate	<input type="checkbox"/> very appropriate	<input type="checkbox"/> moderately appropriate	<input type="checkbox"/> inappropriate
The applicant's achievements reflect his/her abilities	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's ability to set realistic and attainable goals is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The applicant has demonstrated commitment to and interest in community service.	<input type="checkbox"/> very high involvement	<input type="checkbox"/> high involvement	<input type="checkbox"/> average involvement	<input type="checkbox"/> little involvement
The applicant is able to seek, find, and use learning resources	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates curiosity and initiative	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates good problem-solving skills, follows through, and completes tasks	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's respect for self and others is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Appraiser's Name \_\_\_\_\_ Title \_\_\_\_\_ Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

Signature \_\_\_\_\_ Organization \_\_\_\_\_ Date \_\_\_\_\_

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Your name: \_\_\_\_\_

Your home address: \_\_\_\_\_

School you will attend next fall: \_\_\_\_\_

### To be completed by reference:

In what capacity have you known the applicant?

\_\_\_\_\_ Student \_\_\_\_\_ Employee \_\_\_\_\_ Other (specify) \_\_\_\_\_

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Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Appraiser's Name \_\_\_\_\_ Title \_\_\_\_\_ Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

Signature \_\_\_\_\_ Organization \_\_\_\_\_ Date \_\_\_\_\_