

# TOM DULLE ACHIEVEMENT SCHOLARSHIP

I hereby submit an application for the Tom Dulle Achievement Scholarship to be applied toward expenses in an accredited college, university, trade, or technical school during the coming school year.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

NAME OF PARENTS \_\_\_\_\_

OCCUPATION OF PARENTS \_\_\_\_\_

NUMBER OF OLDER BROTHERS \_\_\_\_\_ YOUNGER BROTHERS \_\_\_\_\_

OLDER SISTERS \_\_\_\_\_ YOUNGER SISTERS \_\_\_\_\_

ARE YOU EMPLOYED? \_\_\_\_\_ IF SO, WHERE \_\_\_\_\_

HAVE YOU HAD PART TIME WORK IN THE PAST? \_\_\_\_\_ IF SO, WHERE \_\_\_\_\_

GRADE POINT AVERAGE \_\_\_\_\_ TEACHER of RECORD (name): \_\_\_\_\_

EXTRA CURRICULAR ACTIVITIES IN HIGH SCHOOL (INCLUDING OFFICES HELD, AWARDS, ETC.) \_\_\_\_\_

EXTRA CURRICULAR ACTIVITIES OUT OF HIGH SCHOOL \_\_\_\_\_

COLLEGE, UNIVERSITY, TRADE OR TECHNICAL SCHOOL YOU ARE PLANNING TO ATTEND? \_\_\_\_\_

Type a short autobiography, including your educational goals and anything that would be beneficial to your selection. Please include any specific programs or projects you have been involved in, which have helped your community and how the community has been helped by your involvement. (Please add on a separate sheet)

Attach one (1) letter of recommendation from an adult within the community.

**I have a current IEP in place and currently attend high school within JESSE.**

\_\_\_\_\_  
Signature of Applicant

***Please return to your Special Education Teacher of Record, Guidance Counselor, or the JESSE Office (P.O. Box 418, Plymouth, IN 46563) by no later than May 1, 2018.***