

**APPLICATION FOR**

**(NEW)**

**STUDENT**

**2016 - 2017**

**Bill Dickey Scholarship Association**

1301 East Washington Street, Suite 200

Phoenix, AZ  85034

Phone: (602) 258-7851

Fax: (602) 258-3412

[billdickey.org](http://www.billdickey.org)

[andrea@bdscholar.org](mailto:andrea@bdscholar.org?subject=New%20Student%20Scholarship%20Application)

**Bill Dickey Scholarship Association**

**APPLICATION GUIDELINES**

**(Detach this page and keep it for your records)**

1. The primary criteria used to select **New Bill Dickey Scholarship Association** **students** include: scholarship application, personal recommendations **cumulative GPA of 2.5 or higher**(official transcript), participation in golf, leadership in school and community service activities, financial needs, employment, and other responsibilities will be considered.
2. Scholarship recipients who meet the guidelines are eligible to receive a scholarship for a total of four years. In addition, he or she must maintain a **2.5 GPA each term to avoid scholarship suspension.**
3. **The essay must be 500 words (Application Page 2) and it must be typed and double-spaced, no exceptions.** **Be certain to include your full name and the last four digits of your** **social security number at the top of each page.**
4. Attach additional pages to application if necessary. Make certain all pages are numbered.
5. The two enclosed personal reference forms should be completed by your high school principal, guidance counselor or other professional(s) who are knowledgeable of your: (A) Academic Record, (B) Potential for Successful College Level Academic Immersion, (C) History of Active Participation in Golf and (D) Financial Need. **The completed reference forms** **must** **be submitted with your application.**
6. The **DEADLINE** for completed applications is **Monday, May 11, 2016 5:00 p.m. Arizona time.**
7. All applicants will be notified in writing, regarding the Scholarship Committee’s decision.
8. Scholarship award checks will be written in the names of both the student and the institution.
9. **Options to consider when mailing your application:**
   1. **U. S. Postal Service - Certified mail:** (You can ensure your application arrived at its destination with access to online delivery information.)
   2. **U. S. Postal Service - Signature Confirmation**: (Gives you an added level of security by requiring a signature from the person who accepts your application.)
10. **IMPORTANT REMINDER: Incomplete and/or late applications will not be considered.**

Completion of application must include the following:

* **Application signed and dated**
* **Official transcript (raised seal)**
* **Essay question**
* **Short response**
* **One photo HEAD SHOT HIGH RESOLUTION (3x5 – Photo Quality Paper)**
* **Two personal reference forms**

**MAIL APPLICATION TO:**

**The Bill Dickey Scholarship Association**

ATTN: Scholarship Committee

1301 East Washington Street, Suite 200

Phoenix, AZ  85034

**Bill Dickey Scholarship (BDSA) Application**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Name: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | Social Security #: | | | | | | | | | | | | | | | | | | (**Last Four Digits**) | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | Last, First, Middle | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | State: | | | | | | | | | | | |  | | | | | | | | | Zip: | | | |  | | | | | | | |
| Home Phone: | | | | | | | |  | | | | | | | | | | | | | Cell Phone: | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Email Address: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Sex: | | | | M  F | | | | | | |
| Date of Birth/Age : | | | | | | | |  | | | | | | | | | | | | | | Place of Birth (City, State): | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **ETHNICITY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | African American | | | | | | | | | | | | | | | | | | |  | | | | | | Hispanic/Chicano | | | | | | | | | | | | | | | | | | |  | | | | | | | Asian/Pacific Islander | | | | | | | | | | | | | | | | | | | |
|  | American Indian/Alaskan Native | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | Other (please specify): | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| GPA: | | |  | | | | | | | | Size of Graduating Class: | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | Class Rank: | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| SAT Score (if applicable): | | | | | | | | | | | | | | | |  | | | | | | | | ACT Score (if applicable): | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | |
| Current High School: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Phone: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| Address: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | State: | | | | | | | | | | | |  | | | | | Zip: | | | |  | | | |
| College/University that you will attend: | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | Phone: | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Address: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | State: | | | | | | | | | |  | | | | | | Zip: | | |  | | | | | |
| Intended Major(s): | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you employed: | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | If yes, how many hours per week: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | |
| Employer: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Position: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Job Responsibilities: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **How did you learn about the BDSA Scholarship?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **FINANCIAL INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you completed the FAFSA Application and Assessment? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | | | | | | | | | |
| Have you, or will you, apply for a United States Pell Grant? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | | | | | | | | | |
| Total Expenses: (approximate – per year) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Tuition: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | Room & Board: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | Books: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Family Contribution: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Employment: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Other source of Income: | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | Amount: | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Are you a single parent? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Father’s Name: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | Mother’s Name: | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Mailing Address: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | Mailing Address: | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| City: | |  | | | | | | | | | | | State: | | | |  | | | | | | Zip: | | | |  | | | |  | | City: | | | |  | | | | | | | | | | | | | | | | | | State: | | | | | |  | | | | Zip: | | | | |  | |
| Occupation: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | Occupation: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Emergency Contact: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Phone: | | | | | |  | | | | | | | | | |
| Number of children in home: | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | Number of children attending college/university: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |

**LEADERSHIP**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| List your Leadership Positions & Activities  Check (X) for the applicable grade(s) (use a separate sheet if needed): | | | | | | |
| Activities | 9th | 10th | 11th | 12th | Leadership Position(s) | Hours/wk |
|  |  |  |  |  |  |  |
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| --- | --- | --- | --- | --- | --- |
| Are you on your High School Golf Team? | | | Yes  No | | |
| Will you play on your College/University Golf Team? | | | Yes  No | | |
| If No, would you like to be recruited? | | | Yes  No | | |
| Are you a Bill Dickey Invitational (BDI) Alumnus? | | | Yes  No | | |
| USGA Handicap Index: |  | Average Score: | |  |  |
| List Golfing Accomplishments (please use separate sheet if needed): | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
| List Golf Programs in which you are active (please use separate sheet if needed): | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |

**Bill Dickey Scholarship Association (BDSA)**

**Essay & Short Response Questions**

* **Your essay must be 500 words,** **typed and double-spaced**.
* Include your full name and the last four digits of your **social security** **number** at the top of each page.
* The essay **must** be enclosed with your completed application.
* The BDSA reserves the right to publish the essay of scholarship recipients.

**Essay**

**Please address the following:**

1. Why does education matter in today’s society?
2. Describe a creative solution you would propose to help reduce the cost of college tuition?
3. Describe how you will make a difference in your community once you obtain your college degree.

|  |
| --- |
| **Short Response Questions (4 lines)**   1. **What is the most meaningful book that you have read in the last year?**   **2. Why was it meaningful to you?** |

I hereby certify that the information provided in this application is complete an accurate and that the essay is my own work.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant Date

**Bill Dickey Scholarship Association**

1301 East Washington Street, Suite 200

Phoenix, AZ 85034

Phone: (602) 258-7851 ⬩ Fax: (602) 258-3412

**PERSONAL REFERENCE FORM**

(This form is to be submitted with the completed scholarship application)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Applicant: | |  | | | | | Last Four Digits Social Security #: | | | | | |  | | | |
| As a personal reference for a BDSA scholarship applicant, please provide comprehensive responses to each of the following questions. If you need additional space, use the back of this form. Please type or write legibly. | | | | | | | | | | | | | | | | |
| How long have you known the applicant? | | | |  | | | | In what capacity? | | | | | | |  | |
|  | | | | | | | | | | | | | | | | |
| Why do you believe that the applicant will be successful in pursuit of a college degree? | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| What is your assessment of the applicant’s academic ability? | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| What is your assessment of the applicant’s community service and/or involvement? | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Describe the applicant’s participation in golf: | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Are there any unique factors that you think make the applicant especially worthy of receiving academic support (special talents, demonstrated need for financial assistance, single parent, etc.)? | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Your Name: |  | | | | Position/Title: | | | | |  | | | | | | |
| Address: |  | | | | | | | | | | | | | Phone: | |  |
| City: |  | | State: | | | |  | | Zip: | |  | | | Phone: | |  |
|  | | | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | |  | | | | |
| Signature | | | | | |  | | | | | | Date | | | | |

**Bill Dickey Scholarship Association**

1301 East Washington Street, Suite 200

Phoenix, AZ 85034

Phone: (602) 258-7851 ⬩ Fax: (602) 258-3412

**PERSONAL REFERENCE FORM**

(This form is to be submitted with the completed scholarship application)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Applicant: | |  | | | | | Last Four Digits Social Security:# | | | | | |  | | | |
| As a personal reference for a BDSA scholarship applicant, please provide comprehensive responses to each of the following questions. If you need additional space, use the back of this form. Please type or write legibly. | | | | | | | | | | | | | | | | |
| How long have you known the applicant? | | | |  | | | | In what capacity? | | | | | | |  | |
|  | | | | | | | | | | | | | | | | |
| Why do you believe that the applicant will be successful in pursuit of a college degree? | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| What is your assessment of the applicant’s academic ability? | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| What is your assessment of the applicant’s community service and/or involvement? | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Describe the applicant’s participation in golf. | | | | | | | | | | | | | | | | |
| Are there any unique factors that you think make the applicant especially worthy of receiving academic support (special talents, demonstrated need for financial assistance, single parent, etc.)? | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Your Name: |  | | | | Position/Title: | | | | |  | | | | | | |
| Address: |  | | | | | | | | | | | | | Phone: | |  |
| City: |  | | State: | | | |  | | Zip: | |  | | | Phone: | |  |
|  | | | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | |  | | | | |
| Signature | | | | | |  | | | | | | Date | | | | |

**Bill Dickey Scholarship Association**

**Questionnaire**

(This form is to be submitted with the completed scholarship application)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant Name: | |  | | | | | | | |
| Mailing Address: | |  | | | | | | | |
| City: |  | | | | State: | |  | Zip: |  |
| College receiving funds: | | |  | | | | | | |
| Dept. receiving funds: | | |  | | | | | | |
| \*Mailing Address: | |  | | | | | | | |
| City: |  | | | | State: | |  | Zip: |  |
|  | | | | | |  | | | |
| Note: Once you complete this form and submit it with your scholarship application, please note if any changes occur after the fact, you are required to resubmit this form only (updates). | | | | | |  | | | |
| Will you attend college on a scholarship? | | | | | | Yes  No | | | |
| If so, what does your scholarship pay for? | | | | Books/Supplies  Room/Board  Tuition | | | | | |
| Other (please list): | |  | | | | | | | |
|  | | | |  | | | | | |
| How will you utilize the Bill Dickey Scholarship? | | | | Books/Supplies  Room/Board  Tuition | | | | | |
| Other (please list): | |  | | | | | | | |
| Do we need to specify on the check how the funds are to be utilized?  Yes  No | | | | | | | | | |
| Indicate what you want listed in the comment section of the check. | | | | | | | | | |