

Dul Foundation Scholarship Program

THE PROGRAM

The Dul Foundation has established a scholarship program to assist employees, spouses and their children who plan to continue their education in college or vocational school programs. Scholarships are offered each year for full-time study at an accredited institution of the student's choice.

This scholarship program is administered by Scholarship Management Services®, a division of Scholarship America®. Scholarship Management Services is the nation's largest designer and manager of scholarship and tuition reimbursement programs for corporations, foundations, associations and individuals. Awards are granted without regard to race, color, creed, religion, sexual orientation, age, gender, disability or national origin.

ELIGIBILITY

An applicant to the Dul Foundation Scholarship Program must be:

- a current employee of Fox Hills Golf and Banquet Center or Clips & Clamps Industries who has worked at least 400 hours during the last preceding calendar year or their child, stepchild, legal dependent or spouse.
- a high school senior or graduate who plans to enroll or student who is already enrolled in a full-time or part-time undergraduate or graduate course of study at an accredited two- or four-year college, university, graduate school or vocational-technical school.

AWARDS

If selected as a recipient showing financial need, the student will receive a \$1,500 award, the number of which will be dependent upon how many qualified applications are received. Potential recipients who do not demonstrate financial need may be eligible to receive an honorarium at the minimum level. Awards are not renewable, but students may reapply to the program each year they meet eligibility requirements.

Awards are for vocational-technical training or undergraduate or graduate study.

APPLICATION

Interested students must complete the application and mail it along with a current, complete transcript of grades to the Dul Foundation postmarked no later than **February 15**. The Dul Foundation will forward eligible applications to Scholarship Management Services. Grade reports are not acceptable. Online transcripts must display student name, school name, grade and credit hours earned for each course, and term in which each course was taken.

Applicants are responsible for gathering and submitting all necessary information. Instructions for completing the Financial Data section of the application are included below. Applications are evaluated on the information supplied; therefore, answer all questions as completely as possible. Incomplete applications will not be evaluated. All information received is considered confidential and is reviewed only by the Dul Foundation and Scholarship Management Services.

SELECTION OF RECIPIENTS

Scholarship recipients are selected on the basis of academic record, potential to succeed, demonstrated leadership and participation in school and community activities, work experience, statement of career and educational aspirations and goals, unusual personal or family circumstances, outside appraisal and evaluation of an essay. Once scholarship recipients are selected, financial data is reviewed to determine the amount of each award.

Selection of recipients is made by Scholarship Management Services. In no instance does any officer or employee of Fox Hills Golf and Banquet Center or Clips & Clamps Industries play a part in the selection. All applicants agree to accept the decision as final.

Applicants will be notified in late April. Not all applicants to the program will be selected as recipients. Students may reapply to the program each year they meet eligibility requirements.

PAYMENT OF SCHOLARSHIPS

Scholarship Management Services processes scholarship payments on behalf of the Dul Foundation. Payment is made on August 15 with checks mailed to each recipient's home address made payable to the school for the student.

OBLIGATIONS

Recipients have no obligation to the Dul Foundation. They are, however, required to notify Scholarship Management Services of any changes in address, school enrollment, or other relevant information and to send a complete transcript when requested.

REVISIONS

The Dul Foundation reserves the right to review the conditions and procedures of this scholarship program and to make changes at any time including termination of the program.

ADDITIONAL INFORMATION

Applications are to be mailed to:
Dul Foundation Scholarship Program
5600 Curtis Road
Plymouth, MI 48170-5077

Administered by



Questions regarding the scholarship program should be directed to Scholarship Management Services at (507) 931-1682.

9/12

INSTRUCTIONS FOR COMPLETING THE FINANCIAL DATA SECTION OF THE APPLICATION

Information should be from the most recently filed tax return. See the chart on the application to determine whose income data to submit. The data will be used to determine financial need as demonstrated by the family's ability to contribute toward college expenses.

1. **State of Residence** is the state where the employee (or parents/guardians if applicant is a dependent) reside and pay state income tax.
2. **Adjusted Gross Income** can be found on IRS FORM 1040 and is gross income reduced by specific 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 paychecks. (The amount withheld should be adjusted by any refund or additional taxes due.) **Do not** report state income tax.
4. **Total Income** should be reported individually for the employee/spouse (or parents/guardians if applicant is a dependent). Financial information **must** be received from the employee **or** from the parent who claims the student as a dependent.
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.**, includes 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 may include:
 - the applicant
 - the applicant's spouse or qualified domestic partner (or parents/guardians if applicant is a dependent)
 - other children living in the household
 - dependent college students living away from home
 - other people who live in the household and receive more than half of their support from the reported income

Independent students should only report those individuals who are supported by the reported income.

9. **Marital status** is the current status of the person from whom the financial information is submitted.
10. **Of the total number of family members on line 8, number of students attending college** includes family members attending a two- or four-year college, university, or vocational-technical school at least half-time. Include the applicant in this number. Do not include parents.

NOTE: Any exceptions to providing financial information as instructed above must be submitted to Scholarship Management Services in writing.

Dul Foundation Scholarship Program

APPLICATION

TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES

Completeness and neatness ensure your application will be reviewed properly.

Application postmark deadline February 15

FOR
SCHOLARSHIP
MANAGEMENT
SERVICES
USE ONLY

I.D. #	AA	PD	RIC/CS	GPA	SATCR	SATM	SATW	ACTC	TOTAL

STUDENT
APPLICANT
DATA

Last Name _____ First _____ Middle Initial _____

Permanent Home

Mailing Address _____ Apartment # _____

City _____ State _____ ZIP Code _____

Phone (_____) _____ Date of Birth: Month _____ Day _____ Year _____

Email Address _____

Please indicate your status. (For statistical purposes only) ☐ Male ☐ Female

Student Applicant Relationship to Employee: ☐ Self ☐ Child ☐ Stepchild ☐ Legal Dependent ☐ Spouse

EMPLOYEE
INFORMATION

Last Name _____ First _____ Middle Initial _____

Employee of ☐ Fox Hills Golf and Banquet Center or ☐ Clips & Clamps Industries

Has the employee worked here at least 400 hours in the preceding calendar year? ☐ Yes ☐ No

Date of Hire: Month _____ Day _____ Year _____ Email Address _____

Job Title _____ Department _____

HIGH
SCHOOL
DATA

School Name _____ High School Graduation Date: Month _____ Year _____

City _____ State _____ Phone (_____) _____

POST-
SECONDARY
SCHOOL
DATA

Name of postsecondary school you plan to attend. (If unknown, please list in order of preference the schools to which you have applied.)
Use official school names. Do not use abbreviations.

_____ City _____ State _____

_____ City _____ State _____

☐ 4 yr. College or University ☐ 2 yr. Community or Junior College ☐ Vocational-Technical School

☐ Professional/Graduate School ☐ Other, explain _____

Year in school **next** year: 1 2 3 4 5 or Graduate Study Enrollment will be ☐ Full-time ☐ Part-time

Major or course of study: _____ Expected college graduation date: Month _____ Year _____

Degree sought: ☐ Ph.D. ☐ Master ☐ Bachelor ☐ Associate ☐ Certificate ☐ Other _____

Student will: ☐ live on campus ☐ live off campus ☐ commute from home

If school choice is a public institution, applicant will pay: ☐ in-state resident tuition ☐ out-of-state tuition

Sending a resumé does not replace any part of this application. If space provided in any section is inadequate, you may continue on additional sheets. Attachments must follow the same format. DO NOT repeat information already reported on the application form. Your name, address and name of this scholarship program should be included on all attachments.

WORK EXPERIENCE

Describe your work experience during the **past four years** (e.g., food server, babysitting, lawn mowing, office work). Indicate dates of employment for each job and approximate **number of hours worked** each week.

Employer/Position	From - Mo/Yr	To - Mo/Yr	Hours per Week	Were you paid for your work?
				YES / NO
				YES / NO
				YES / NO
				YES / NO
				YES / NO
				YES / NO
				YES / NO

ACTIVITIES, AWARDS AND HONORS

List all school activities in which you have participated during the **past four years** (e.g., student government, music, sports, etc.). List all community activities in which you have participated without pay during the **past four years** (e.g., Boy/Girl Scouts, hospital volunteer, Special Olympics). Note all special awards, honors and offices held. **Indicate whether high school or college activities.**

Activity	No. of Years Partic.	Special Awards, Honors	Offices Held	Activity	No. of Years Partic.	Special Awards, Honors	Offices Held

GOALS AND ASPIRATIONS

Make a brief statement or summary of your plans as they relate to your educational and career objectives and long-term goals.

UNUSUAL CIRCUMSTANCES

Please describe how and when any unusual family or personal circumstances have affected your achievement in school, work experience, or your participation in school and community activities.

ESSAY (REQUIRED)

Please attach an essay you wrote stating reasons why you are applying and why you should receive a Dul Foundation Scholarship. Please include any financial need concerns. *Essays are to be one side of one 8 ½" x 11" page, double spaced, and typed in at least 10 point font. Include your name and Dul Foundation Scholarship Program on the top right hand corner of the page.*

FINANCIAL DATA

Instructions for this section are provided in the guidelines.

Adjusted gross income and total federal income tax amounts should be from the most recently filed tax return. If this section is not completely filled out or if the applicant does not demonstrate financial need, the student will be considered for a minimum award only.

Check the box which applies to the student applicant. Then supply the financial data for those listed in the right column.

I, the student applicant am the:	Whose financial data to submit:
<input type="checkbox"/> employee and my parent(s) or guardian claim me as a dependent for tax purposes.	Data of the parents or guardian who claims the student as a dependent for tax purposes
<input type="checkbox"/> employee and I am independent for tax purposes.	Data of the employee and spouse, if applicable
<input type="checkbox"/> child, stepchild or legal dependent of an employee.	Data of the employee parent and his/her spouse, if applicable
<input type="checkbox"/> spouse of an employee.	Data of the applicant and the employee

1. State of Residence	6. Medical and Dental Expenses not paid by insurance (exclude premiums)\$
2. Adjusted Gross Income (FORM 1040) \$	7. Total Cash, Checking, Savings, and Cash Value of Stocks (exclude retirement plan funds, IRA, 401k) \$
3. Total Federal Tax Paid (FORM 1040) \$ (Not the amount withheld from paychecks)	8. Total number of family members living in the household and primarily supported by the reported income ...#
4. Total Income of Employee (or father) \$	9. Marital status of employee (or parent): <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Single
Total Income of Spouse (or mother) \$	10. Of the total number of family members on line 8, number of students attending college at least half-time during the next school year (include applicant, exclude parents) ...#
5. Yearly Untaxed Income and Benefits: Please indicate source – <input type="checkbox"/> Social Security <input type="checkbox"/> Child Support <input type="checkbox"/> Other \$	

OTHER AWARDS

Please list the name and annual amount of any grants or scholarships you have 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

**TRANSCRIPT
INFORMATION**

A complete transcript of grades **must** be sent with this application. Grade reports are not acceptable.

- 1. Students currently or previously enrolled in college or vocational-technical school must** include all college or vo-tech transcripts of grades from each school attended. Online transcripts must display student name, school name, grade and credit hours earned for each course, and term in which each course was taken. (Completion of high school information below is not necessary.)
- 2. High school seniors and students who have completed less than one full quarter or semester** of postsecondary education **must** include a high school transcript of grades and have this section completed by the appropriate school official. **(A clear explanation of the school's grading scale must also be submitted.)**

Applicant ranks _____ in a class of _____	Cumulative Grade Point Average	SAT			ACT				
	Weighted: _____/4.0 scale	Critical Reading	Math	Writing	English	Math	Reading	Science	Composite
	Unweighted: _____/4.0 scale								

School Official's
Signature _____ Date _____ Title _____ Phone (_____) _____

School Official's
Address: Street _____ City _____ State _____ ZIP Code _____

**APPLICANT
APPRAISAL
(REQUIRED)**

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. If you prefer, photocopy this section and return to applicant in a sealed envelope. A letter of recommendation does not replace this section.

The applicant's choice of a postsecondary 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 ability	<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 quality of the applicant's commitment to school and/or community is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
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 _____ Phone (_____) _____
Signature _____ Organization _____ Date _____

**APPLICATION
CHECKLIST**

The student is responsible for submitting all materials to the address below on time. Incomplete applications will not be evaluated. This application becomes complete and valid only when all of the following materials have been received:

- ☐ Student Application with completed Applicant Appraisal
- ☐ Current Complete Transcript(s) of Grades (including grading scale)
- ☐ Essay

All materials, including transcript and essay, must be addressed to:

Dul Foundation Scholarship Program
5600 Curtis Road
Plymouth, MI 48170-5077

Postmark deadline February 15

CERTIFICATION

Scholarship Management Services has the responsibility for selecting recipients based on criteria as set forth in the program's description. This application becomes the property of Scholarship Management Services. (It is recommended you keep a copy for your files.)

I acknowledge decisions are final. I certify I meet eligibility requirements of the program as described in the guidelines and the information provided is complete and accurate to the best of my knowledge. If requested, I will provide proof of information, including an official transcript of grades and a copy of my U.S. Income Tax Return. Falsification of information may result in termination of any award granted.

Applicant's Signature _____ Date _____

Employee's Signature _____ Date _____
(or Parent/Guardian - *required if applicant is under 18*)