

**DAN D. BOOTH TRUST  
SCHOLARSHIP APPLICATION 2017**

*(For current high school seniors or former graduates (from 2013 to current) of any accredited high school in the following counties in the State of Nebraska: Cheyenne, Deuel, Garden, Sheridan, Dawes, Box Butte, Morrill, Sioux, Scotts Bluff, Banner; and, Kimball)*

This application form must be completed by all students applying for scholarships from the DAN D. BOOTH TRUST. Please use the Booth-Englert Families' Scholarship Guidelines for additional reference in filling out the application and attaching all required documents. It is important to include all applicable required attachments with your application; failure to include all required information will render your application void. Do not include binders or report covers. This application is due March 31<sup>st</sup>, 2017. Please submit this application and required attachments to: Dan D. Booth Trust, c/o Booth-Englert Families' Scholarship, P.O. Box 611, Sidney, NE 69162, or [DanDBoothTrust@yahoo.com](mailto:DanDBoothTrust@yahoo.com) (if via e-mail)

Scholarship Name: **BOOTH-ENGLERT FAMILIES' SCHOLARSHIP**

**STUDENT INFORMATION:**

Student First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Last 4-digits of Student's SSN#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

This is my (X one): \_\_\_ Cell \_\_\_ Home \_\_\_ Work

Additional Phone Number(s): \_\_\_\_\_

(Please email [dandboothtrust@yahoo.com](mailto:dandboothtrust@yahoo.com) if your contact information changes. If we are unable to contact you when scholarships are awarded, and you were a selected applicant, you will forfeit your award.)

Email: \_\_\_\_\_

Gender (X one):  Female  Male

Permanent Address (if not same as Current Address):

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**EDUCATION:**

Are you a (X one):  GED  High School Graduate  High School Senior

Undergraduate Student  Graduate Student

**High School Information:**

High School Name: \_\_\_\_\_

High School Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Graduation Year: \_\_\_\_\_; GPA (must be 2.5 {C+} or greater) : \_\_\_\_\_;

Class Rank: \_\_\_\_\_; /# in Class: \_\_\_\_\_

ACT/SAT Score: \_\_\_\_\_ [Please attach a copy of your test score if it is not included on your high school transcript.]

**High School Seniors (if applicable):**

College or University you Plan to Attend (If known include address/phone):

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

Will you be registered as a full-time student during upcoming year? (X one):  Yes  No

If no, please explain: \_\_\_\_\_

**Do you expect to work during the academic year (including work study)? (X one):** \_\_\_ Yes \_\_\_ No  
If yes, how many hours per week? Name/phone # of Employer:

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

**College (Undergraduate and Graduate) Information (if applicable):**

**Current College/University Name:** \_\_\_\_\_

**College Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Graduation Year:** \_\_\_\_\_; **GPA (must be 2.5 {C+} or greater):** \_\_\_\_\_; [Please attach a copy of your transcript.]

**Anticipated Graduation Date:** \_\_\_\_\_; **GPA (must be 2.5 {C+} or greater):** \_\_\_\_\_;

**Major(s):** \_\_\_\_\_

**Minor(s):** \_\_\_\_\_

**Will you be registered as a full-time student during upcoming year? (X one):** \_\_\_ Yes \_\_\_ No

If no, please explain: \_\_\_\_\_

\_\_\_\_\_

**Do you expect to work during the academic year (including work study)? (X one):** \_\_\_ Yes \_\_\_ No

If yes, how many hours per week? Name/phone # of Employer: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Previous College/University: (Please provide on an attachment the following information: Name; Address; Dates Attended; GPA; and, Major(s) of other Colleges/Universities attended)**

**EMPLOYMENT:**

Are you currently employed? : \_\_\_\_ Yes; \_\_\_\_ No

If yes, Employer: \_\_\_\_\_

Is this part-time employment? : \_\_\_\_ Yes; \_\_\_\_ No

How many hours per week do you work? : \_\_\_\_\_

Job Title and Description of Job: \_\_\_\_\_

\_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION (Attach FAFSA):**

Marital Status of Parents (X one): \_\_\_\_ Single \_\_\_\_ Married \_\_\_\_ Separated \_\_\_\_ Divorced \_\_\_\_ Widowed

Father's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Father's Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Employment Status (employed, unemployed, retired, stay at home parent, etc.):** \_\_\_\_\_

**If employed, Employer or Description of Business, if Self Employed:** \_\_\_\_\_

\_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Mother's Current Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Employment Status (employed, unemployed, retired, stay at home parent, etc.):** \_\_\_\_\_

**If employed, Employer or Description of Business, if Self Employed:** \_\_\_\_\_

\_\_\_\_\_

**Guardian's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Guardian's Current Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Employment Status (employed, unemployed, retired, stay at home parent, etc.):** \_\_\_\_\_

**If employed, Employer or Description of Business, if Self Employed:** \_\_\_\_\_

\_\_\_\_\_

**ADDITIONAL FAMILY INFORMATION:**

# of Siblings: \_\_\_\_\_; # of Siblings in College in 2017-2018: \_\_\_\_\_

**ACTIVITIES:**

**Academic, Extracurricular and Community/Volunteer Activities** (Please list your activities on a separate sheet, or attach your current high school or college resume and indicate that a resume is

attached): \_\_\_\_\_

\_\_\_\_\_

**Honors and Awards** (Please on a separate sheet list honors and awards you have received, or attached your current high school or college resume and indicate that a resume is attached): \_\_\_\_\_

\_\_\_\_\_

**ESSAY:**

**Essay—Dan D. Booth, the founder of this Trust, and his brother, Firth, worked together their entire lives. Dan worried about those less fortunate, but most motivated, that may not otherwise have the financial opportunity. For an individual that is truly needy. Accordingly, he established this Trust. What makes you a needy applicant? What future educational, occupational, and personal goals do you have? What plans have you made for the next five to ten years? Be specific and be thoughtful. We want to know why you need this scholarship (a hint, please do not use because college is expensive as your need, this is something the Trustees of the Dan D. Booth Trust already know). (Please attach your essay. Your essay must be 500 words or less.)**

**OTHER INFORMATION:**

**Have you previously been awarded a Booth-Englert Families' Scholarship? (X one):** \_\_\_ Yes \_\_\_ No

If so, what year(s)? \_\_\_\_\_

**How did you hear about the Booth-Englert Families' Scholarship?**

\_\_\_\_\_

**THE UNDERSIGNED CERTIFIES**, that all of the information on this application form is true and complete to the best of my knowledge. If asked by the Trustees of the **Dan D. Booth Trust**, I agree to give documentation for information given on this form, and I realize that failure to comply with this request for information may prevent me from being considered for scholarships. I understand that falsification of any information may result in the termination of a scholarship if one is granted to me. If I am selected as a recipient of a Booth-Englert Families' Scholarship, I agree to permit the Trustees to confer with my school to verify my continuing enrollment during the term of my scholarship. I also agree that my name can be used in announcements made by the **Dan D. Booth Trust** regarding the particular scholarship(s) which I have been awarded. I understand that to receive my scholarship award, I will be required to submit a thank you letter to my scholarship donor(s) and proof of enrollment at my college/university.

**Applicant's Signature:**

**Date:** \_\_\_\_\_

► *Attachments to this application are required. Check the individual guidelines for the Booth-Englert Families' Scholarship for these requirements (i.e. letters of recommendation, transcripts, financial information, resumes, essay, etc.).*

**CHECKLIST OF ITEMS FOR A COMPLETED SCHOLARSHIP APPLICATION PACKAGE**, if any of the following items are not included with the application your application will be considered incomplete and not eligible for a scholarship award:

- \_\_\_\_\_ Signed and completed 2017 application form
- \_\_\_\_\_ High School Transcript (GPA 2.5/C+ or above) – *If you are a previous winner, the High School Transcript is **not** needed*
- \_\_\_\_\_ ACT or SAT Scores - *If you are a previous winner, the High School Transcript is **not** needed*
- \_\_\_\_\_ College Transcript(s) (GPA 2.5/C+ or above), if applicable
- \_\_\_\_\_ Letter of Recommendation
- \_\_\_\_\_ Resume, for employment information; academic, extra-curricular, and community activities; and honors and awards
- \_\_\_\_\_ FAFSA – (detailed application with family income information)
- \_\_\_\_\_ Essay