Dorothea E. Allen Scholarship:

1. Applicant must be a current or former member of Girls Inc. of the Greater Capital Region.

2. Applicant must possess an interest and/or talent that will benefit the community and the country.

3. Applicant must be a high school senior at the time of application.


5. Applicant must submit an official transcript of high school record or GED scores.

6. Applicant must submit a clearly written essay describing the educational or training program in which the applicant wishes to participate.

7. The successful applicant must use the award within 12 months following the announcement of the Dorothea E. Allen Scholarship and is asked to share the learning experience in some way with Girls Inc. of the Greater Capital Region.

The Dorothea E. Allen Scholarship has been made possible by a bequest from Dorothea E. Allen, a supporter of Girls Inc. of the Greater Capital Region. This is an award given to assist a present or former member or Girls Inc. of the Greater Capital Region who possess promise and potential in developing their talents. These funds can be used by individuals for pursuit of a course of study, special learning experience or a training program that will develop a talent or ability that will benefit the community and the country. All applicants will be invited to a personal interview. This scholarship will be awarded in May at Girls Night Out.

Checklist:

- Application completed
- Written questions section completed (page 4)
- 2 Recommendation Letters (pages 6 & 7)
- Official High School Transcript or GED scores (sent by High School Guidance Office)
- Essay describing program scholarship to be used for.

***Deadline – must be submitted by April 6th***
Scholarship Application

Name:____________________________________________________________________________
Address:__________________________________________________________________________
                                      Street  City  State  Zip
Phone No.:__________________________  Social Security Number:__________________________
Date of Birth:_______________________

High School you will be graduating from:_____________________________________________________
Graduation Date:_____________________  Type of Diploma:___________________________________

When were you a member of Girls Inc. of the Greater Capital Region? ______________________________
_____________________________________________________________________________________

Describe your involvement at Girls Inc. of the Greater Capital Region: _____________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

College/School you plan to attend:__________________________________________________________
Accepted?________
Proposed Major:________________________________________________________________________
Career Goal:____________________________________________________________________________
_____________________________________________________________________________________

Field or Academic Course of Excellence:_____________________________________________________

Mother’s Name & Phone:_________________________________________________________________
Mother’s Address:_______________________________________________________________________
Mother’s Occupation & Business Phone:____________________________________________________

Father’s Name & Phone:___________________________________________________________________
Father’s Address:_______________________________________________________________________
Father’s Occupation & Business Phone:_____________________________________________________
Brothers, sisters other dependents in family (give ages):


Honors and Activities in High School, Followed by Year (Freshman, Sophomore, Junior, Senior) – Additional sheet may be attached if necessary.


Has candidate been awarded any other scholarships? If so, please list them:


Employment & Volunteer Experience (to be completed by applicant):

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<th>Employer</th>
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Please write short answers to the following questions:

1. How would you use this scholarship and when? Please give a description of the program and the cost.

2. What do you expect to gain from the experience?

3. Your obligation as a scholarship recipient is to share your learning experience with members of Girls Inc. of the Greater Capital Region. How would you go about doing this?
Permission to Release Information

“I give permission to Girls Inc. of the Greater Capital Region to receive information from my high school regarding my grades and financial aid.”

_____________________________  _______    ___________________________ ______
Signature of Applicant        Date          Signature of Parent        Date

All application materials (official high school transcript or GED scores, personal letter, completed application, and letters of recommendation) are due by April 6th. Return to Scholarship Committee at address provided.

Please return by April 6th to:
SCHOLARSHIP COMMITTEE
Girls Inc. of the Greater Capital Region
962 Albany St
Schenectady, NY 12307
Recommendation Form

________________________________ has applied for the Dorothea E. Allen Scholarship awarded by Girls Inc. of the Greater Capital Region to pursue education in a field of interest. We would appreciate your honest appraisal of this candidate. Please feel free to use the back of this form to provide additional information. Thank you for your cooperation.

1. What is your relationship with the applicant?

2. Please describe any particular talents or academic achievements that you have observed in the applicant.

3. What growth would you expect to take place during further training or education?

4. Are there areas of work that require particular attention? Is there anything that would be helpful for us to know in assisting this applicant?

_____________________________  
Date

__________________________________________________________________________  
Signature of Reference

__________________________________________________________________________  
Name of Reference

__________________________________________________________________________  
Daytime Phone number

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