



"Education Will Last Forever."

Paula E. Waters

Diamond in the Rough Scholarship Fund

Scholarship Application and Questionnaire

This form is designed to collect information about your background, interests, academics, demonstrated leadership, and career plans. Your answers to these questions will be used only in connection with your application for the scholarship program and will be reviewed by an independent scholarship selection committee of education professionals.

Please TYPE or PRINT LEGIBLY. You may, if you wish, type your responses on a computer (no smaller than 10 point type) and paste them into the spaces provided below each question, or attach additional pages as necessary. The completeness, neatness, and legibility of your replies will allow for a thorough and comprehensive review of your credentials.

APPLICANT INFORMATION

LEGAL NAME

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Last

First

MI

PERMANENT HOME ADDRESS

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Number and Street

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City

State

Zip Code

TELEPHONE NUMBER

--	--	--	--	--	--	--	--	--

DATE OF BIRTH

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Month

Day

Year

SOCIAL SECURITY NUMBER

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E-MAIL ADDRESS

ETHNICITY

- African American/Black
 American Indian/Alaskan Native
 White (not of Hispanic Origin)
 Asian/Pacific Islander
 Hispanic
 Other – please specify: _____

GENDER

- Male
 Female

EDUCATION

Provide the name and location of your high school: _____
 High School Name City State

Reminder - to be eligible for the Paula E. Waters Diamond in the Rough Scholarship, you must currently attend:

- Any public or charter high school in Prince George's County, Maryland; or
- Any public or charter high school in the District of Columbia; or
- Westinghouse High School, Pittsburgh, Pennsylvania

Refer to the scholarship brochure for more information.

Are you currently a senior at the high school you indicated? Yes No
 Enter your anticipated HIGH SCHOOL graduation date: _____
 Month Year

What college/university do you plan to attend? _____
 College/University Name City State

Planned major/course of study: _____
 Expected COLLEGE graduation date: _____
 Month Year

Degree sought: Bachelor's Degree (BS, BA, BFA) Certificate/Certification
 Associate's Degree (AA) Other – please specify: _____

Other than the high school named above, list all schools that you attended in the last three years. List first the school you attended most recently.

Name of School	Location (City and State)	Dates of Attendance
_____	_____	_____
_____	_____	_____
_____	_____	_____

WORK EXPERIENCE & SCHOOL/COMMUNITY ACTIVITIES

List jobs (including summer employment) you have held in the *last three years*.

Name of Employer	Job Title or Description	Period of Employment	Dates of Employment	Hours per Week
		<input type="checkbox"/> Full Time <input type="checkbox"/> Summer <input type="checkbox"/> Part Time <input type="checkbox"/> School Year		
		<input type="checkbox"/> Full Time <input type="checkbox"/> Summer <input type="checkbox"/> Part Time <input type="checkbox"/> School Year		
		<input type="checkbox"/> Full Time <input type="checkbox"/> Summer <input type="checkbox"/> Part Time <input type="checkbox"/> School Year		
		<input type="checkbox"/> Full Time <input type="checkbox"/> Summer <input type="checkbox"/> Part Time <input type="checkbox"/> School Year		
		<input type="checkbox"/> Full Time <input type="checkbox"/> Summer <input type="checkbox"/> Part Time <input type="checkbox"/> School Year		

List activities in which you have participated during the *last three years*. (School clubs, student government, publications, varsity or club sports, theater arts, Beta Club, Scouting, 4-H, etc.) Please define any acronyms.

Activity	Dates of Participation	Office/Position Held (indicate either Elected or Appointed)	Awards or Honors
		<input type="checkbox"/> Elected <input type="checkbox"/> Appointed	
		<input type="checkbox"/> Elected <input type="checkbox"/> Appointed	
		<input type="checkbox"/> Elected <input type="checkbox"/> Appointed	
		<input type="checkbox"/> Elected <input type="checkbox"/> Appointed	
		<input type="checkbox"/> Elected <input type="checkbox"/> Appointed	
		<input type="checkbox"/> Elected <input type="checkbox"/> Appointed	
		<input type="checkbox"/> Elected <input type="checkbox"/> Appointed	
		<input type="checkbox"/> Elected <input type="checkbox"/> Appointed	
		<input type="checkbox"/> Elected <input type="checkbox"/> Appointed	

List community agencies or organizations in which you have participated **without pay** during the *last three years*. (Religious groups, hospital volunteer, cultural activities, outreach programs, etc.)

Name of Agency or Organization	Kind of Activity	Dates of Participation	# of Hours
			<input type="checkbox"/> per week <input type="checkbox"/> per year
			<input type="checkbox"/> per week <input type="checkbox"/> per year
			<input type="checkbox"/> per week <input type="checkbox"/> per year

If you listed a leadership role in one or more of the activities or organizations cited above, please choose one, detail your responsibilities, and explain the significance of your contribution to the organization.

Briefly discuss any special training, abilities, or interests you have that might distinguish you from other applicants.

FAMILY INFORMATION

Enter complete information about your family below.

	Parent/Guardian/Other	Parent/Guardian/Other
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Name	_____	_____
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Relationship to the Applicant (you)	_____	_____
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Occupation/Title	_____	_____
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Employer's Name	_____	_____
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Please describe your parents' relationship to each other:

<input type="checkbox"/> Divorced	<input type="checkbox"/> Domestic Partners	<input type="checkbox"/> Married
<input type="checkbox"/> Separated	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Widowed

Brother(s): Number _____ Age(s) _____ Sister(s): Number _____ Age(s) _____

Enter the name(s) of the parent(s) or guardian(s) or other person(s) you live with, *if different from above*.

How has a family member or family experience been influential in your life?

UNUSUAL CIRCUMSTANCES

Please discuss briefly how and when any unusual family or personal circumstances have affected your achievement in school, your participation in school/community activities, or your performance at work. Address how you were able to overcome these circumstances.

FUTURE GOALS

Based on your current achievements and interests, describe the kind of work that you plan to be doing in 10 years, both in your career and in your community.

RECOMMENDATION REQUIREMENT

Two types of recommendations are required for your application to be considered:

- A guidance counselor, teacher, or school official who is familiar with your academic work should submit a typed **letter of recommendation** on school letterhead.
- A personal or professional contact (*not a friend, classmate, or family member*) that has knowledge of your activities outside the classroom (e.g. work experience, extracurricular activities, community service, etc.) should complete the attached **Personal/Professional Recommendation Form**.

AUTHORIZATION/CERTIFICATION

Please review your responses, sign your name below, and give this form to a school official for completion. Your signature will authorize your school to release the information requested, including class rank and test scores, and certify that all information you entered on this form is accurate and true.

NOTE: IT IS YOUR RESPONSIBILITY to ensure that your school releases the requested information by the May 1st deadline.

Student's Name (Please Print) _____

Student's Signature _____ Date _____

Parent's Signature _____ Date _____

STUDENT – DO NOT WRITE ANYTHING BELOW THIS LINE

SCHOOL INFORMATION & EVALUATION – To be completed by guidance counselor/school official.

Complete the information requested below, sign the form, and attach an **official transcript** of the student's grades that *includes the senior year courses* being taken. **If a school profile is available, include one with this form. Completion of this section cannot serve as a substitute for one of the student's required letters of recommendation.**

Please provide the following information regarding the applicant's academic record.

ACT: Test Date _____ Composite Score

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SAT: Test Date _____ Critical Reading

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 Math

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 Writing

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Student's GPA:

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 Weighted
 Unweighted

GPA Scale:

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Please rate the level of difficulty of the courses this student has taken and passed:

Most Difficult Above Average Average Below Average

Based on your knowledge of the applicant, please reply to each of the following statements by checking the box that most closely matches your professional opinion of the applicant's capabilities. **Check only one box per statement.**

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
This student possesses a high level of academic ability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This student's academic performance has been exceptional.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This student is highly involved in extracurricular/co-curricular activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This student has demonstrated excellent leadership ability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This student has the self-discipline to excel in a variety of environments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This student is highly responsible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for taking the time to assist with this scholarship application.

Your signature below indicates that you have reviewed the applicant's responses and certify that they are correct, insofar as the official school records indicate.

Print Name & Title of School Official _____

Signature of School Official _____ Date _____

Telephone Number (with area code) _____

E-Mail Address _____

High School Code

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Please make certain to include an official transcript.
Mail all scholarship materials by **May 1st** to:

**DIAMOND IN THE ROUGH SCHOLARSHIP FUND
ETS SCHOLARSHIP & RECOGNITION PROGRAMS
PO BOX 6730
PRINCETON NJ 08541**

