

MARY FLY MEMORIAL SCHOLARSHIPS

FOR DRIVER EDUCATION

Application Form

INFORMATION TO BE COMPLETED BY APPLICANT: (Please Print)

NAME Last _____ First _____ Middle Initial _____

MAILING Street or P.O. Box # _____
ADDRESS City _____ State _____ Zip _____

RESIDENCE Number and Street _____
ADDRESS City _____ State _____ Zip _____

EMAIL Student _____
Parents or Guardians _____

(Please check which is best email contact for student. Notify us of any changes.)

PHONE Home _____ Other (Specify) _____

CELL Student _____
Parents or Guardians _____

SCHOOL ATTENDING: _____ GRADE: _____

DATE OF BIRTH _____ AGE AT APPLICATION _____

APPLICANT IS LIVING WITH: (Check all that apply):

Mother Father Legal Guardian

NAME OF PARENTS/LEGAL GUARDIANS: _____

ADDRESS AND PHONE OF PARENTS/GUARDIANS (if different from applicant)

Address _____

Phone _____

OCCUPATION: Mother _____ Father _____

EMPLOYER: Mother _____ Father _____

IS FINANCIAL NEED BASED ON FINANCIAL CIRCUMSTANCES OF
MOTHER, FATHER, OR BOTH, OR OF GUARDIAN? _____

Please remember that this is a needs-based scholarship. See Page 4 for statement.

Do you currently have a driver's instruction permit? Yes No

Do you currently have a driver's license? Yes No

Are you currently a member of a Drive Smart club? Yes No

Would you be willing to join/start a Drive Smart club or
Help with a Drive Smart activity? Yes No

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5. Please list the activities and organizations you are involved with at your high school. Please note offices you hold or responsibilities you have within this group.

6. Please attach a transcript from your counseling office of your high school.

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CONFIDENTIAL – THIS ANSWER WILL NOT BE PUBLISHED

Please use this space to describe special circumstances which lead to your needing this financial aid for driver's education that you feel the selection committee should know (unusual expenses, family difficulties, etc.). *We need to consider the income, special circumstances, etc. of both parents (especially in a divorce situation) or all guardians. Please be very specific with your answers. This part may be completed by the student or the parent.*

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APPLICANT'S STATEMENT:

I understand that the Mary Fly Memorial Scholarship Fund has limited resources and that it is an honor to be a recipient of this scholarship. I agree to accept the scholarship awarded to me regardless of which driver's education program I have been awarded. I pledge to conscientiously attend the driver training classes and to complete the course within six months of enrollment. I understand that my scholarship can be revoked for substandard or disruptive participation in the classes. I agree to participate in my school's Drive Smart Club, or, if there is not a Drive Smart Club at my school, to participate in some community Drive Smart activities for a minimum of 10 hours in the year that follows my selection, and only then will I receive my certificate of completion from the driving school. I agree to be courteous and respectful of the Drive Smart volunteers I am working with, to show up on time, and to be dressed appropriately for the job I will be doing. This may include Skate the Lake, help with parades, safety fairs, helping in the Drive Smart office or other community activities. I also agree to log the hours I have volunteered and submit them to Drive Smart for verification. This is the only payment I am being asked to make, and I will honor it.

I give DRIVE SMART Evergreen/Conifer permission to publish my responses to questions 1 through 4 and to use my name and photo in publicity about the organization or this scholarship. I promise to abide by all state laws while driving and to wear a seat belt in any vehicle in which I am either driving or riding. When I am driving, I will ensure that other passengers wear their seat belts.

By signing this application, I attest that all statements and information given are truthful and accurate.

Signature of Applicant

Date

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PARENT/GUARDIAN STATEMENT:

I certify that my child would not be able financially to take driver education training without receiving this scholarship. I agree to accept the scholarship awarded to my child regardless of which driver's education program he or she has been awarded. If my child is a recipient of this scholarship, I promise to provide transportation to and from the driver education classes and to provide a car, if necessary, for my child's use during off-road driving instruction. I will provide my child with driving opportunities during this learning process.

I understand that the driver education classes must be started within six months of receiving a scholarship and must be completed within six months of enrollment. If there are any disciplinary issues, I agree to bring my child in for a meeting, if called. I understand that my child's scholarship can be revoked for substandard or disruptive participation in the classes or at Drive Smart activities.

By signing this application, I attest that all statements and information given are truthful and accurate.

Signature

Relationship

Date

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RECOMMENDATION FORM

STUDENT: YOU ARE REQUIRED TO FURNISH TWO RECOMMENDATIONS FROM A TEACHER, COUNSELOR, EMPLOYER OR OTHER ADULT (NOT A PARENT OR OTHER RELATIVE, OR GUARDIAN) WHO KNOWS YOU WELL AND CAN ATTEST TO YOUR ABILITY TO COMPLETE THE DRIVER EDUCATION PROGRAM.

Student name _____

Your name _____

1. How long have you known this student and in what context?

2. What are the first words that come to your mind to describe the applicant?

3. How do you rate this student in terms of:

No Basis		Below average	Average	Good (above average)	Very Good (well above average)	Excellent
	Motivation					
	Independence, initiative					
	Disciplined work habits					
	Conduct, citizenship and general behavior					
	Flexibility in new or challenging situations					

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4. What is your prediction that the applicant will successfully complete the driver education program?

Excellent

Very good

Good

Fair

Poor

5. Please add any further observations about the character, maturity or special needs of the applicant, which may aid us in making our selections. You may use an additional sheet.

Printed name _____ *Signature* _____
Address _____
Street _____ *City* _____ *Zip* _____ *Telephone* _____ *Date* _____

**THANK YOU FOR TAKING THE TIME TO COMPLETE THIS
RECOMMENDATION. THIS RECOMMENDATION MUST BE RETURNED TO
DRIVE SMART EVERGREEN/CONIFER, P O BOX 2012, EVERGREEN, CO
80437-2012 NO LATER THAN March 21, 2009**