

MARY FLY MEMORIAL SCHOLARSHIPS FOR DRIVER EDUCATION

Application Form

Information to be completed by Applicant (Please Print Clearly)

NAME:

Last _____ First _____ Middle Initial _____

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

RESIDENCE: If Different

City _____ State _____ Zip _____

EMAIL: Student: _____ Mother _____ Father _____

CELL: Student _____ Mother _____ Father _____

PHONE: Home _____ Other (Specify) _____ Other (Specify) _____

SCHOOL ATTENDING _____ **AGE AT APPLICATION** _____ **DATE OF BIRTH** _____ **GRADE** _____

STUDENT IS LIVING WITH _____ **NAME OF PARENTS/LEGAL GUARDIANS** _____

OCCUPATION: Mother _____ Father _____

EMPLOYER: Mother _____ Father _____

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

PLEASE REMEMBER THAT THIS IS A NEED-BASED SCHOLARSHIP

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

Do you currently have a driver's License? Yes _____ No _____

PLEASE ANSWER THE FOLLOWING QUESTIONS, USING A SEPARATE PAGE.

READ EACH QUESTIONS CAREFULLY AND GIVE THOUGHTFUL ANSWERS.

PREPARE YOUR ANSWERS YOURSELF.

YOUR ANSWERS TO QUESTIONS 1 THROUGH 4 MAY BE PUBLISHED

1. Why have you chosen to apply for this scholarship?
2. How have you demonstrated a sense of responsibility and dependability in your everyday life?
3. Do you have any activities or commitments such as a job or sports that would interfere with your attendance at Driver Education classes? If so, how would you handle potential conflicts?

4. Please respond to all of the following questions in one page or less.

A. How does driving safely affect me?

B. What are the challenges of driving in the Evergreen/Conifer/Bailey/Clear Creek area?

C. How does driving safely affect the other drivers on the road?

5. Please list 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.

CONFIDENTIAL-THIS ANSWER WILL NOT BE PUBLISHED

7. Please describe special circumstance 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 circumstance, 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(s).*

CONTINUE TO RECOMMENDATION FORM ->

APPLICANT'S STATEMENT:

Please read each statement and then initial that you have read and agree to each statement.

1. I understand that the Mary Fly Memorial Scholarship Fund has limited resources and that it is an honor to be a recipient of the scholarship. Initial_____
2. I agree to accept the scholarship awarded to me regardless of which driver's education school I have been awarded. Initial_____
3. I pledge to conscientiously attend the driver training classes and to complete the course within six (6) months of enrollment. Initial_____
4. I understand that my scholarship can be revoked for substandard or disruptive participation in the classes. Initial_____
5. **I agree to volunteer (both student and parent) in Drive Smart community activities for a minimum or 10 hours in the year that follows my selection, and only then will I receive my certificate of completion from the driving school.** Initial_____
6. Volunteering for the Triple Bypass on Saturday July 10, 2010 from approximately 4:00-7:30am (yes that's in the morning) and Skate the Lake on December 31, 2010 (usually a 2 hr shift from 8:00pm to Midnight), are a **required** part of your volunteering obligation.
7. I agree to be courteous, respectful, and responsible while volunteering. I will show up on time and dress appropriately for the job I will be doing. This may include help with parades, safety fairs, helping in the Drive Smart office, or other community activities. Initial _____
8. I will not use my cell phone for calls or texting during the time I volunteer. Initial_____
9. I agree to log the hours I have volunteered and submit them to Drive Smart's Volunteer Coordinator for verification. This is the only payment I am being asked to make in for the scholarship and I will honor it. Initial _____
10. 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. Initial_____

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

Signature of Applicant

Date

PARENT(S)/GUARDIAN(S) STATEMENT:

Please read each statement and then initial that you have read and agree to each statement.

1. I certify that my child would not be able financially to take driver education training without receiving this scholarship. Initial_____
2. I agree to accept the scholarship awarded to my child regardless of which driver's education program or school has been awarded. Initial_____
3. 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. Initial_____
4. I will provide my child with driving opportunities during this learning process. Initial_____
5. I understand that the driver education classes must be started within six (6) months of receiving a scholarship and must be completed within six (6) months of enrollment. Initial_____
6. I agree to volunteer with my child for a minimum of 10 hours with Drive Smart Evergreen-Conifer. This will include volunteering for the Triple Bypass on Saturday July 10th from approximately 4:00-7:00am (yes, that's in the morning), and Skate the Lake on December 31, 2010 usually a 2 hour shift within 8:00pm to Midnight). Initial_____
7. If there are any disciplinary issues, I agree to bring my child in for a meeting, if called. Initial_____
8. I understand that my child's scholarship can be revoked for substandard or disruptive participation in the classes or at Drive Smart activities. Initial_____
9. I agree to pay Drive Smart Evergreen-Conifer back \$40.00 for every volunteer hour not completed by myself or my child by February 1, 2011.

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

Signature

Relationship

Date