

SCHOLARSHIP APPLICATION FORM AND GUIDELINE

<input type="checkbox"/> INITIAL Application First time Deloycheet, Inc. (DI) Scholarship Applicant or did not receive DI scholarship last semester).	<input type="checkbox"/> CONTINUING Application (Received Deloycheet, Inc. scholarship last semester, only complete where information has changed otherwise check box "NO CHANGE").
<input type="checkbox"/> FULL-TIME STUDENT Full –time students must maintain at least 12 credit hours per semester for undergraduate or 6 credit hours per semester for graduate students.	<input type="checkbox"/> PART-TIME STUDENT Part-time students must take 11 or less credit hours per semester for undergraduates and 5 or less credit hours per semester for graduate students.

Introduction: Deloycheet, Inc. (DI) provides funding opportunities to support Deloycheet shareholders who are enrolled in a degree/training program. Please read the “**Scholarship Policy and Procedure**” of this application, for procedures, eligibility, descriptions and qualifications. The number of scholarship awards is subject to applicant eligibility, qualifications and available funding. Applications are due each semester, however, continuing applicants can select "no change" in information if applicable.

Application Package. All of the materials listed below must be submitted on or before the deadline in order for your application to receive full consideration.

1. <input type="checkbox"/> Application, completed, signed and dated (Due each semester).	7. <input type="checkbox"/> Proof of acceptance from the college/university/trade school (Due each Year)
2. <input type="checkbox"/> Statement of Purpose (Initial Application – due each year).	8. <input type="checkbox"/> Copy of official grade transcript (Due each semester)
3. <input type="checkbox"/> Two Letters of Recommendation - not from family members (Initial App Only)	9. <input type="checkbox"/> Notification of any changes with address, telephone number
4. <input type="checkbox"/> Professional Resume (Initial Application – due each year).	10. <input type="checkbox"/> Notification of Academic Change, drop classes, withdraw (Due each semester)
5. <input type="checkbox"/> Proof of High School Graduate or GED (Initial App Only)	11. <input type="checkbox"/> Scholarship Program Policy & Procedure (Initial Application due each year)
6. <input type="checkbox"/> Shareholder Verification – Deloycheet, Inc. shareholder (Initial Application).	12. <input type="checkbox"/> Must show other financial sources have been considered (Initial Application each year)

Scholarship funds can pay for: tuition, books, living expense stipend, and travel to and from school.

A. APPLICATION FILING. Please indicate the deadline for which this application is submitted and your current applicant status.

1. Deadline <input type="checkbox"/> Fall – April 15 th <input type="checkbox"/> Spring November 15 th <input type="checkbox"/> Summer March 15 th	Year:
2. Official Grade Transcripts or Certificate of Completion: I understand that official transcripts must be received by the deadline date in order for my application to be completed. They must be in a sealed envelope from the school you are attending. _____ Written Initials Here	

B. PERSONAL DATA

3. First Name:	Middle Initial:	Last Name:
4. Deloycheet Enrollee: <input type="checkbox"/> Original Stockholder or <input type="checkbox"/> Inherited/Gifted Shareholder	5. Tel (work or N/A):	6. Tel (home):
7. Email:	8. Date of Birth:	9. SSN:

C. ADDRESS OR CONTACT INFORMATION

10. Initial Applicants: Complete this section.	Continuing Applicants: Report changes that have occurred since you submitted your last application to Deloycheet, Inc. <input type="checkbox"/> No Changes
11. Permanent Address:	
12. Address while at School:	

E. ACADEMIC STATUS

Continuing Students

 No Changes

13. High School Graduation Date:	GED Date:
14. Current College Level: <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate <input type="checkbox"/> Vocational	
15. Name of undergraduate degree/s:	Expected Completion Date:
16. Name of graduate degree/s:	Expected Completion Date:

F. WHERE YOU PLAN TO ATTEND

Continuing Students

 No Changes

17. Name of college/university you plan to attend:	Telephone #:
18. Address where financial aide check will be sent:	

G. CURRENT ACADEMIC PLANS

Continuing Students

 No Changes

22. Program Admitted To:	Current Academic Field of Study (Major):
23. Academic Degree Goal: <input type="checkbox"/> 2 – Year Associate of Arts <input type="checkbox"/> 4 – Year Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate <input type="checkbox"/> Vocational <input type="checkbox"/> Other:	
24. Date Semester/Term/Program Begins:	Date Semester/Term/Program Ends:
25. Total Number of Credits Which you Plan to Take During This Academic Period:	
26. Anticipated College Graduation Date – Month:	Year:
27. Student ID#:	Current Cumulative Grade Point Average (GPA):

H. OTHER SOURCES OF FUNDING

11. What other sources of funding have you applied for:
12. When did you apply for this other funding:

I. SCHOLARSHIP FUNDING LEVELS

28. Funding Level (Place a checkmark by the scholarship you are applying for)	Amount Requested: \$ _____
<input type="checkbox"/> <u>Associates or Vocational Scholarship</u> (\$500 per semester).	
<input type="checkbox"/> <u>Undergraduate Part-time Scholarship</u> (\$500 per semester)	
<input type="checkbox"/> <u>Undergraduate Full-time or Graduate Part-time Scholarship</u> (\$1000 per semester).	
<input type="checkbox"/> <u>Graduate Full-time Scholarship</u> (\$1500 per semester).	

J. RELEASE AND CONSENT

Deloycheet, Inc. periodically publishes materials containing scholarship recipients, their area of study and scholarship award amounts. We may request a photograph as needed.

By signing this consent, I hereby give Deloycheet, Inc. or its family of companies' permission to disclose my name, photo and scholarship award amount.

By signing this form I also release Deloycheet, Inc. and it's family of companies from any claim I might have against them, resulting from the use of my name or photo or any other information including for example any claim based on defamation, slander, liable, or invasion of privacy or any claim against any of the directors, officers, employees, agents or Deloycheet, Inc. or any subsidiary for any claim I might have against them.

Further, I acknowledge, that I will not be compensated or receive any money or any other consideration for signing this release or for the use of my name or photo. I am an adult, 18 years of age or older (if not, legal guardian must sign this form as well). I have read and understand this scholarship application and this release and consent form and all are true to the best of my knowledge.

I have read and understand the above "Release and Consent Form" and agree to abide by the terms and condition of the scholarship, if approved. All of the information provided herein is correct to the best of my knowledge. _____ Initials

K. AUTHORIZING SIGNATURES

I have read and understand the "Scholarship Policy and Procedures" and agree to abide by the terms and condition of the scholarship and the scholarship Policy and Procedures, if selected as a scholarship recipient. _____ Initials

APPLICATION INFORMATION. To the best of my knowledge and belief, I attest that the data contained in this scholarship application is true, correct and complete. I understand that this application does not commit Deloycheet, Inc. to award a scholarship, or to pay any costs incurred in the submission of this application. I also understand that the action taken by the Scholarship Committee is final.

Applicant Signature	Date
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Parent/Legal Guardian Signature (if applicable)	Date
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PLEASE RETURN ORIGINAL APPLICATION AND NECESSARY ATTACHMENTS TO:

**DELOYCHEET, INC.
ATTN. SCHOLARSHIP COMMITTEE
P.O. BOX 226
HOLY CROSS, ALASKA 99602**

FAXED APPLICATIONS WILL NOT BE ACCEPTED.