

**Berkeley County PTA**  
***Raymond S. Dispanet Memorial Scholarship***

The amount of the award is \$600.00 and is renewable for four years with acceptable educational progress. This scholarship may be used for college or vocational/technical education. The award is presented in honor of the late Raymond S. Dispanet who was Superintendent of schools for Berkeley County Public School. Mr. Dispanet, an outstanding educator, was instrumental in building the James Rumsey Technical Institute.

**Selection Criteria**

- Academic achievement
- Financial need
- Character and leadership
- Community service
- Career goals and educational plans

**DEADLINE:      March 1<sup>st</sup>**

**Procedures for applying for school scholarships:**

**Please complete the appropriate scholarship application in its entirety.**

**After completion, return it to your guidance counselor for them to fill out the section required. They will attach an "official transcript" and return the entire packet to the scholarship committee.**

**R.S. DISPANET MEMORIAL SCHOLARSHIP, INC.**  
**APPLICATION**

*Please type or print in black ink.*

Name of applicant \_\_\_\_\_

Address of applicant \_\_\_\_\_

Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security No. \_\_\_\_\_ Employer \_\_\_\_\_

Father's name and address \_\_\_\_\_

Father's occupation & employer \_\_\_\_\_

Mother's name and address \_\_\_\_\_

Mother's occupation and employer \_\_\_\_\_

Name of Berkeley County high school from which you expect to graduate \_\_\_\_\_

Please list any scholarships or financial aid you have received including the amounts. \_\_\_\_\_

Extra-curricular activities, in school and outside school (grades 9-12) \_\_\_\_\_

Community service experiences (grades 9-12) \_\_\_\_\_

Leadership experiences (grades 9-12) \_\_\_\_\_

Honors you received (grades 9-12) \_\_\_\_\_

Special interests \_\_\_\_\_

Talents, accomplishments, hobbies, etc. \_\_\_\_\_

What college or university do you plan to attend? Location? \_\_\_\_\_

Have you been accepted? \_\_\_\_\_ What course of study will you pursue? \_\_\_\_\_

When your college education is complete, for what career will you be qualified? \_\_\_\_\_

· Attach a maximum two page, double spaced autobiography including your long term goals and career plans.

· Please include any additional sheets of information you feel will further describe you.

Test Information: ACT Composite score \_\_\_\_\_ SAT Total score \_\_\_\_\_

**To the best of my knowledge, all information on this application is true and accurate. I have read, understand, and agree to the Dispanet scholarship rules and requirements.**

\_\_\_\_\_  
(applicant's signature and date required)

## CONFIDENTIAL FINANCIAL INFORMATION

In order to award the Dispanet Scholarship in the most equitable manner, the applicant's need for financial aid must be carefully evaluated. Indicate if you are independent (emancipated) from your parents. If married, include earning of spouse. Please note that all spaces must be marked. If they are not applicable, mark them as such. Feel free to present further details on a separate sheet of paper.

Name	Monthly income (before deductions)	Monthly income (after deductions)
Self _____		
Father _____		
Mother _____		
Guardian _____		

Total family income last year including wages, social security, disability, child support, pension, etc. as reported on federal income tax return before any deductions \$ \_\_\_\_\_ after deductions \$ \_\_\_\_\_.

Number of persons dependent upon the above income (include parents, dependent children, age relatives, or other as reported on federal income tax return). \_\_\_\_\_

Name of dependent	Age	Name of dependent	Age
_____		_____	
_____		_____	
_____		_____	
_____		_____	
_____		_____	

Number of persons listed above as dependents who are furthering their education beyond high school \_\_\_\_\_

Please give here any additional extenuating circumstances not given above that will further show your need for financial assistance.

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## COUNSELOR'S REPORT

*Any information Submitted will be treated as confidential. Thank you for Your assistance.*

Student name \_\_\_\_\_

How long has the applicant been a student in Your school? \_\_\_\_\_

How long have You known this student and in what context? \_\_\_\_\_

On what do You base Your evaluation of the applicant ? Please check the appropriate items.

\_\_\_\_\_ Personal acquaintance                      \_\_\_\_\_ Casual acquaintance                      \_\_\_\_\_ School records

\_\_\_\_\_ Reports of instructors                      \_\_\_\_\_ Personal observations

Has the applicant maintained adequate \_\_\_\_\_ or above average \_\_\_\_\_ interest in his/her studies?

Number of students in graduating class \_\_\_\_\_ Student's class rank \_\_\_\_\_ GPA \_\_\_\_\_

List leadership roles the applicant has displayed in Your school and/or community. \_\_\_\_\_

Please mark Your personal rating of the applicant.

No basis		Below average	Average	Good (above average)	Very Good (well above average)	Excellent (top 10%)	One of the top few I have encountered
	Academic Achievement						
	Personality						
	Leadership						
	Character						
	Community service						

Do you agree with the statement of income on the financial information form? Yes \_\_\_\_\_ No \_\_\_\_\_

Please state here any further helpful information regarding this applicant's financial need, personal circumstances, etc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

• Please attach a transcript of grades, attendance, and the results of any college entrance exams.

Counselor's signature \_\_\_\_\_

High school \_\_\_\_\_

Phone \_\_\_\_\_

School  
seal

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Please type or print in black ink.

Recommended optional form

## TEACHER EVALUATION FORM

**TO THE APPLICANT:** Fill in the information below, your name on page 2, and give this form to a teacher who has taught you an academic subject. Attach the completed form to your Dispanet Scholarship application.

Student's Name \_\_\_\_\_

Address \_\_\_\_\_

**TO THE TEACHER:** We are interested in whatever you think is important about the applicant's academic and personal qualifications for college. The Dispanet Scholarship is awarded without regard to race, color, religion, gender, national or ethnic origin, or handicap. Criteria for selection of a scholarship recipient includes financial need, academic achievement, leadership, character, and community service. Thank you for your evaluation.

Teacher's name: \_\_\_\_\_

Position: \_\_\_\_\_

High School and phone: \_\_\_\_\_

### BACKGROUND INFORMATION

How long have you known this student and in what context? \_\_\_\_\_

What are the first words that come to your mind to describe this student? \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

List the courses you have taught this student, noting for each the student's year in school (10<sup>th</sup>, 11<sup>th</sup>, 12<sup>th</sup>) and the level of course difficulty (advanced placement, honors, academic/advanced, elective, etc).

\_\_\_\_\_  
 \_\_\_\_\_

### RATINGS

Compared to other students in his/her entire class, how do you rate this student in terms of:

No Basis		Below average	Average	Good (above average)	Very Good (well above average)	Excellent (top 10%)	One of the top few encountered in my career
	Creative, original thought						
	Motivation						
	Self confidence						
	Independence						
	Initiative						
	Intellectual ability						
	Written expression of ideas						
	Academic achievement						
	Effective class discussion						
	Disciplined work habits						
	Potential for growth						

Student's name \_\_\_\_\_

EVALUATION

Please let us have the benefit of what you think is important about this student, including a description of academic and personal characteristics. We are particularly interested in the student's intellectual promise, motivation, relative maturity, integrity, independence, originality, initiative, leadership potential, special talents, and enthusiasm. We appreciate your assistance in providing information that will help us differentiate this student from others.

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Signature \_\_\_\_\_ Date \_\_\_\_\_

**R.S. DISPANET MEMORIAL SCHOLARSHIP, INC.**  
Rules and Requirements

Scholarship recipient shall be a graduating senior in Berkeley County Schools whose family resides in Berkeley County and who needs and deserves financial assistance.

The amount of the scholarship shall total \$2,400 (\$600 annually, payable in two semester installments of \$300 each for 4 years with Board of Directors approval).

A transcript of semester grades and re-application form shall be submitted to the President of the R.S. Dispanet Memorial Scholarship, Inc. Board of Directors at the end of each semester.

Scholarship may be continued for up to 4 years until graduation, providing the need is still present, the quality of the student's academic work (2.0 Grade Point Average) and conduct remains satisfactory, if funds are available, and if the proper transcript of grades and re-application form have been submitted to the President of the Board of Directors.

This scholarship may be used for tuition/educational expenses in any vocational school, college, or university approved by the Board of Directors. It may not be used for living or personal expenses.

A scholarship recipient may accept another scholarship or other financial aid or loans. Questions concerning this shall be decided by the Board of Directors.

Payment to the scholarship recipient shall be in the form of a check made payable to the approved school to be used for tuition/educational expenses only.

If a scholarship recipient fails to complete the semester, any refunds will revert to the Dispanet Scholarship.

The final decision on awarding the scholarship shall be made by the Board of Directors.

March 15 shall be the final date for receiving scholarship applications.

The scholarship may be revoked at any time for failure to comply with the rules and requirements.

**CRITERIA FOR SELECTION OF SCHOLARSHIP RECIPIENTS**

Financial need, academic achievement, leadership, character, and community service  
(verification of financial information listed on application may be requested)

Proper completion of application and accompanying documents

Finalists will be required to appear before the Board of Directors for a personal interview.

Recipients shall be selected without regard to race, color, religion, gender, national or ethnic origin or handicap.

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Return to guidance by March 1
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# R.S. DISPANET MEMEORIAL SCHOLARHSIP, INC.

## CHECK LIST

Please check to make sure you have included the following with your application.

### REQUIRED

- Personal information - page 1 of application
- Autobiography including your long term goals and career plans  
(maximum of 2 pages)
- Signature and date - page 1 of application
- Confidential financial information - page 2 of application
- Counselor's report - page 3 of application
- Transcript of grades, attendance, and results of any college entrance exams
- School seal

### OPTIONAL BUT RECOMMENDED

- Teacher evaluation form (2 pages)
- Letters of recommendation

### QUESTIONS

- Phone Sherry Smith (304-229-8502)