

# APPLICATION

## IVYANE D.F. DAVIS MEMORIAL SCHOLARSHIP AND THE EDUCATION & TRAINING VOUCHERS (ETV)

THE IVYANE D.F. DAVIS MEMORIAL SCHOLARSHIP AND DELAWARE'S EDUCATION & TRAINING VOUCHER PROGRAMS ARE ADMINISTERED BY THE CHILD PLACEMENT REVIEW BOARD  
820 N. FRENCH ST. 1<sup>ST</sup> FLOOR, CARVEL STATE BUILDING, WILMINGTON, DE 19801  
PHONE #: 302-577-8750 FAX #: 302-577-2605

FIRST-TIME APPLICANTS     RENEWAL APPLICANT    *If renewing, indicate the last year an award was received: \_\_\_\_\_*

### PERSONAL INFORMATION: APPLICANT *(Please print clearly)*

Name:		Home Phone:	
Address:		Cell Phone:	
City, State & Zip Code:		E-mail:	
Social Security:	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	

### APPLICANT'S ETHNIC ORIGIN *(Optional - - for statistical purposes only)*

Caucasian     Hispanic     African American     Other: \_\_\_\_\_

### ACADEMIC INFORMATION *(What have you received or do you plan to receive prior to starting this endeavor?)*

High School Diploma     GED     Training Certification    *Please specify: \_\_\_\_\_*

### EXTRA CURRICULAR ACTIVITIES *(List any awards, honors, special activities and/or employment during the past four years)*

Presently:
Previously:

### INDEPENDENT LIVING COORDINATOR *(If applicable)*

Name:	Phone:
Agency:	E-mail:

### ALTERNATE CONTACT *(DFS worker or another significant person who will always know how you can be reached)*

Name:	Phone:
Address:	City, State & Zip Code:
Relationship:	E-mail:

### FUNDING REQUEST INFORMATION

TYPE OF SCHOOL	NAME OF SCHOOL(S)	PROGRAM DESCRIPTION	SCHOOL YEAR / TIME FRAME
<input type="checkbox"/> College or University			
<input type="checkbox"/> Community College			
<input type="checkbox"/> Trade or Vocational Program			
<input type="checkbox"/> Other			

### ALTERNATE FUNDING SOURCES *(Indicate all sources of financial aid for which you have applied.)*

Pell Grant     Delaware State Aid     SEOG     School Scholarship/Grants     Other: \_\_\_\_\_

**JUSTIFICATION FOR FUNDS: PERSONAL NARRATIVE AND SCHOOL DOCUMENTATION:** On a separate sheet of paper explain what you intend to study in college/vocational school and why you want to pursue this education. Explain how this relates to your Education Plan in your current IL Plan. Explain how much financial aid you are requesting and the types of expenses for which you need assistance. Attach the statement to this application form. Your statement should be written in ink or can be typed and should be approximately 100-150 words in length. **In addition, you must provide documentation from your school that reflects the cost of attendance and all other financial aid that has been awarded to you.**

*By your signature you are certifying that the information on this form is accurate and correct to the best of your knowledge.*

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

# Education & Training Voucher Worksheet

Expenses and Financial Aid Summary SY 2015-2016

APPLICANT NAME:	
NAME OF INSTITUTION:	
AWARD YEAR:	
INDEPENDENT LIVING AGENCY:	
SCHOOL YEAR OR DATES:	
EDUCATIONAL GOAL:	
GPA LAST SCHOOL YEAR:	

## Anticipated Expenses

Expense	Amount	Comments
Tuition		
Basic or Pre-Tech Tuition		(DTCC only)
Books and Supplies		
Pre-Tech Books and Fees		(DTCC only)
Fees		
Housing		
Meal Plan		(If living on-campus)
Utilities		(If living off campus)
Travel		
Child Care		
Other:		(Please specify)
<b>Sub Total</b>	<b>\$0</b>	

## Anticipated Financing

Source	Amount	Comments
Pell Grant		
SEOG		
DE Need-Based Aid		
School-Based Scholarship		
Total Other Scholarships		
Personal/Family Contribution		
ASSIST Funds		
Student Loan		
<b>Sub Total</b>	<b>\$0</b>	

<b>Total Remaining Need</b>	<b>\$0</b>	
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\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Prepared



Child Placement Review Board  
820 N. French Street 1<sup>st</sup> Floor Wilmington Delaware 19801  
Telephone: (302) 577-8750 Fax (302) 577-2605

## **IVYANE D.F. DAVIS MEMORIAL SCHOLARSHIP EDUCATION AND TRAINING VOUCHERS PERSONAL ESSAY**

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### **INSTRUCTIONS:**

Address the following points in a short essay of 100-150 words. It can be handwritten in ink or typed. Attach your statement to your application.

### **PLEASE DISCUSS THE FOLLOWING:**

- What you intend to study in college/vocational school.
  - Why you want to pursue this education.
  - How this relates to your education plan in your current Independent Living Plan.
  - Explain how much financial aid you are requesting the specific expenses for which you need assistance.
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**IVYANE D.F. DAVIS MEMORIAL SCHOLARSHIP  
PERSONAL REFERENCE INFORMATION**

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The following student has applied for an Ivyane D.F. Davis Memorial Scholarship. These awards are made to Delaware residents who have been in foster care in the State of Delaware.

*(Applicant: please provide the following information.)*

**APPLICANT NAME:** \_\_\_\_\_

**APPLICANT PHONE NUMBER:** \_\_\_\_\_

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*In order to evaluate an applicant, a letter of reference is being requested from a person who knows the applicant well. Please answer the questions outlined below. Thank you for taking the time to provide this information.*

**PERSONAL STATEMENT**

*Attach a statement that discusses your knowledge of the applicant's vocational choice, the applicant's desire to pursue higher education, and your opinion regarding the appropriateness of this applicant's pursuit of additional training and/or higher education.*

Indicate your relationship to the applicant:

\_\_\_\_ Personal Friend    \_\_\_\_ Business Associate    \_\_\_\_ Other (please specify)

\_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

Please attach your statement to this form and return within two (2) weeks to the address listed below. If you have any questions, please call 577-8750.

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The IVYANE D.F. DAVIS MEMORIAL SCHOLARSHIP is administered by the  
**CHILD PLACEMENT REVIEW BOARD**  
820 N. French Street, 1<sup>st</sup> Floor, Carvel State Building, Wilmington, DE 19801  
Phone #: 302-577-8750    FAX #: 302-577-2605

# IVYANE D.F. DAVIS MEMORIAL SCHOLARSHIP RELEASE OF INFORMATION CONSENT FORM

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I, \_\_\_\_\_ give permission and consent to:  
(Please print name)

a. University, college and/or vocational school

Please specify: \_\_\_\_\_

b. Delaware Higher Education Commission

c. State of Delaware agencies

to release financial information, social service information, academic transcript,  
and/or application status to the Ivyane D.F. Davis Memorial Scholarship Committee  
for the purpose of administering this scholarship.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

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**IVYANE D.F. DAVIS MEMORIAL SCHOLARSHIP  
 PERMISSION TO RELEASE ACADEMIC RECORDS**

**SECTION A:** *(to be filled out by applicant prior to mailing to school counselor)*

I, \_\_\_\_\_ hereby give my permission and consent to have information  
 (Print Name)

about my high school grades and test scores submitted for the Ivyane D.F. Davis Memorial Scholarship.

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

**SECTION B:** *(to be filled out by school counselor)*

In order to assess this candidate's application, please provide the following:

**ACADEMIC RECORDS**

Unweighted GPA: \_\_\_\_\_ on a 4.0 Point Scale Rank in Class: Ranked # \_\_\_\_\_ out of \_\_\_\_\_ students

*Note: If numerical rank is not calculated, please report standing in estimated decile, quartile, or finest distinction possible.*

**Standardized Test Scores**

SAT's		
Test Date	Verbal	Math

ACT's				
Test Date	Science	Math	Lang. Arts	Social

Compared to other students in the class, the applicant's curriculum (level and difficulty of courses) has been:

\_\_\_\_\_ Well Above Average    \_\_\_\_\_ Average    \_\_\_\_\_ Above Average    \_\_\_\_\_ Below Average

**APPROPRIATENESS OF THE EDUCATIONAL PLANS**

*On the back of this form (or on another page), please comment on the appropriateness of the applicant's educational plans, and explain any school policies or academic record data that does not conform to the application requirements.*

- ◆ Please attach a copy of the most current **TRANSCRIPT** for this student. PLEASE NOTE THAT A FINAL TRANSCRIPT IS TO BE SENT TO THE CHILD PLACEMENT REVIEW BOARD UPON COMPLETION OF THE ACADEMIC YEAR.

\_\_\_\_\_  
 Counselor's Signature

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 School

\_\_\_\_\_  
 Date

*Please return this form within two (2) weeks to the address listed below.*