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## **DIRECTIONS FOR COMPLETING THE APPLICATION FORM**

The application must be typed. Try to limit responses to the space provided on the form. However, additional paper may be attached to complete a response.

### **Self-Description**

This short essay is an opportunity to describe yourself, your special talents, aspirations, and plans for the future.

### **Recommendations**

Two recommendation forms are to be completed someone who is familiar with your school work, activities, achievements and goals (ie. teacher, employer, etc.)

### **University Admission**

A letter of admission from one of the following Universities **must** be attached to the application: Indiana University Bloomington, Indiana University Northwest, Purdue University West Lafayette, Purdue University Calumet, Indiana University Purdue University Indianapolis (IUPUI) or Ball State University Muncie.

### **University Enrollment**

All scholarship recipients are required to be enrolled as a full-time student and maintain an average of fifteen (15) credit hours per semester for a maximum of eight (8) consecutive undergraduate semesters.

### **Scholarship Award**

The Scholarship award is *up to three thousand dollars (\$3,000.00) per semester for tuition only* and the University will bill the Foundation directly. Other fees such as room and board, books, transportation, parking, health and activity fees are to be paid by the student. If you receive other scholarships, awards or grants that *can* be applied toward tuition (excluding Pell Grants and one-time awards totalling \$1,000.00 or less), the Jim and Betty Dye Scholarship will pay the semester tuition up to \$3,000.00, less the amount of the other scholarships received. Failure to inform the Foundation of receipt of another scholarship, award or grant will terminate your Jim and Betty Dye Scholarship.

### **Scholarship Renewal**

Scholarships are renewable on a semester-to-semester basis for a maximum of eight (8) consecutive undergraduate semesters. Recipients must maintain a 2.75 cumulative GPA on a 4.0 system and successfully complete an average of fifteen (15) credit hours per semester to maintain eligibility for their Scholarship. For degree specific scholarships of Nursing, Teaching and Entrepreneurship, recipients must successfully fulfill the required course curriculum.

### **Application Deadline**

The application, high school certification and transcript, college acceptance and letters of recommendation must be submitted to the Guidance Office by March 1<sup>st</sup>. Incomplete applications may be rejected.

**JAMES W. AND BETTY DYE FOUNDATION**  
**900 Ridge Road, Suite M**  
**Munster, Indiana 46321**  
**(219) 836-1100 / (219) 836-6128 fax**

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**JIM AND BETTY DYE SCHOLARSHIP HIGH SCHOOL CERTIFICATION**

*The following student in your high school has applied for a Jim and Betty Dye Scholarship. Please complete this form and attach a copy of the student's official transcript, including any transferred grades, and any other pertinent information.*

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

High School \_\_\_\_\_

University Attending \_\_\_\_\_

Student's cumulative grade point average (GPA) \_\_\_\_\_ out of \_\_\_\_\_

Date GPA was determined \_\_\_\_\_ Graduation Date \_\_\_\_\_

SAT Scores: Composite \_\_\_\_\_ Date Taken \_\_\_\_\_

Math \_\_\_\_\_ Critical Reading \_\_\_\_\_ Writing \_\_\_\_\_

Additional information or comments by the Principal/Counselor:

Signature of Principal/Counselor \_\_\_\_\_ Date \_\_\_\_\_

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**APPLICATION FOR THE JIM AND BETTY DYE SCHOLARSHIP**

1 Name \_\_\_\_\_  
Last First Middle

2 Home Address \_\_\_\_\_

City, state, ZIP \_\_\_\_\_

3 Phone \_\_\_\_\_

4 Name of Parent or Guardian \_\_\_\_\_

5 Birth date \_\_\_\_\_ 6. Social Security # \_\_\_\_\_

7 High School \_\_\_\_\_

8 Are you applying for a degree specific scholarship? If yes, check one:

Nursing      Teaching      Entrepreneurship

9 University and Campus Choice \_\_\_\_\_

10 Alternate \_\_\_\_\_

12 Probable Major \_\_\_\_\_

13 Probable Career \_\_\_\_\_

14 Do you feel your high school grades are an accurate indication of your ability? Yes      No  
If not, what were the factors that prevented you from doing better?

15 What high school subject have you enjoyed most, and why?

- 16 List high school activities in which you have participated (example: class or student government, band or orchestra, athletics, dramatics, debate, cheerleading, school publications, clubs, etc.). Indicate the high school year of participation as follows: **1**-Freshman, **2**-Sophomore, **3**-Junior, **4**-Senior

Activity	Position Held	Hours per Week	Year

- 17 List out-of-school activities in which you have participated (example: employer, Boy or Girl Scouts, 4-H, church organizations, etc.). Indicate the high school year of participation as follows: **1**-Freshman, **2**-Sophomore, **3**-Junior, **4**-Senior

Activity	Position Held	Hours per Week	Year

- 18 Describe any community service or any work activities at home or for outside employers:

- 19 What do you do for relaxation and recreation?

- 20 Do you plan on residing or making a career in Northwest Indiana after graduating?

Yes                      No                      Don't know

- 21 How do you envision your future after graduation?

- 22 List other scholarships, financial aid, or grants you have received or for which you are applying and the amount of the award. If you receive other scholarships, awards or grants that *can* be applied toward tuition (excluding Pell Grants and one-time awards totalling \$1,000.00 or less), the Jim and Betty Dye Scholarship will pay the semester tuition up to \$3,000.00, less the amount of the other scholarships received. Failure to inform the Foundation of receipt of another scholarship, award or grant will terminate your Jim and Betty Dye Scholarship.

	amount	received
1 _____		
2 _____		
3 _____		
4 _____		
5 _____		

- 23 Self Description: Include any information that will provide a more complete picture of you. Be sure to specify your academic, career, and personal aspirations. If the space provided below is inadequate, please attach an additional sheet.

I certify all statements contained in the Jim and Betty Dye Scholarship Application are true and correct.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

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**JIM AND BETTY DYE SCHOLARSHIP LETTER OF RECOMMENDATION**

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

Name of Reference \_\_\_\_\_

Signature \_\_\_\_\_ Phone \_\_\_\_\_

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**JIM AND BETTY DYE SCHOLARSHIP LETTER OF RECOMMENDATION**

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

Name of Reference \_\_\_\_\_

Signature \_\_\_\_\_ Phone \_\_\_\_\_

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Please allow this letter to serve as authorization for the Office of Financial Assistance to release financial aid and bursar information and for the Office of the Registrar to release transcripts to the James W. and Betty Dye Foundation for the duration of my studies at \_\_\_\_\_ .  
Transcripts are requested upon the completion of each semester. Please bill any fees for transcript requests to the Foundation. Thank you.

Name \_\_\_\_\_ Student ID or SSAN \_\_\_\_\_

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

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I hereby authorize the James W. and Betty Dye Foundation to include my name and / or photograph relating to my Jim and Betty Dye Scholarship in news or publicity information for the media, including, but not limited to newspapers, magazines, radio, television and our website.

Name \_\_\_\_\_

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