

## Dorothy Oliveira Education Scholarship Instructions and Application

### **PART 1: Basic Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

County: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Parents' Name (or names): \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

### **PART 2: What Are Your Education and Career Goals?**

A. Name of college, school, or training program you plan to attend or have been accepted to.

B. Are you planning to study education? If so, why?

C. When will you complete your studies (month and year)?

D. Briefly please tell us about your career goals. How will this education or training support your goals and help you achieve your dreams?

E. Tell us about yourself and why you need this scholarship in an essay (250 – 500 words). Your essay must be written by you without any assistance, virtual or otherwise. Attach your printed essay to this application; be sure the essay includes your name.

F. How do you intend to finance your participation in this program or education? Tell us about your financial situation. Scholarship recipients are chosen, in part, based on financial need. Please share your planned budget as closely as you can. You may note financial plans for your first year only, if long-range payment plans are too difficult to project.

Payment Method	% of Total	Description
Scholarship		
Financial Aid		
Loans		
Work Study		
Employment		
Parental Support		
Savings		
Totals	100%	

**NOTE: You may complete PART 3, Student Activities and Awards, on separate pages and attach.**

### **PART 3: Student Activities and Awards**

1. List your student activities:
  
2. List any high school honors, awards, and offices held:
  
3. List any other awards you have received:
  
4. List your community and/or faith community activities:
  
5. List any additional volunteer activities:

**PART 4: Agreement**

Please read the following information carefully. When you sign your name below, you are agreeing to what you have read.

- I certify that all the information provided in this application is complete and accurate to the best of my knowledge. I will notify Oro Fino Chapter, DAR if there are any changes.
- I certify that this is the only application I have made in any format or to any address this year for a Dorothy Oliveira Education Scholarship.
- I understand that my application and all supporting documents, including counselor verification and letters of recommendation must be postmarked no later than **June 1, 2026**.
- I understand that my application becomes the property of Oro Fino Chapter, DAR of Helena. The application will be considered confidential unless the applicant grants Oro Fino Chapter, DAR written permission to release personal information for the purpose of publicizing the award.

By my signature, I certify to the best of my knowledge that the contents of this application, essay and letters of recommendation are true and accurate, and agree to adhere to the above requirements.

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

**Counselor Verification**

Number in graduation class \_\_\_\_\_ Rank in Class \_\_\_\_\_ GPA \_\_\_\_\_

Counselor’s signature \_\_\_\_\_ Date \_\_\_\_\_ Phone # \_\_\_\_\_

**Please mail completed application to:**

Jean O’Connor  
3312 Terrace Ave  
Helena, MT 59602

**How did you hear about the Dorothy Oliveira Education Scholarship? Check all that apply.**

Local DAR member	Social media
A friend, relative or co-worker	A flyer posted in my community
A career counselor or advisor	Internet search (website)
A teacher at my school	Searchable database of scholarships
Other: Please describe	