

**2023- 2024**  
**DUBLIN SERVICE LEAGUE**  
**Freshman Scholarship Application**

The Dublin Service League is a non-profit organization originally established with the purpose of “service to the community in performing welfare and social service work, not to conflict with or duplicate any public agency or private club program now in effect.” Today the organization sponsors projects through its Community Service, Volunteer Service, J.O.Y. Club, and Puppets committees. The organization holds one major fund raising project in November - its annual Antique Fair. The money raised through this popular event is used to fund these freshman scholarships. To date, the Dublin Service League has awarded well over \$600,000 to deserving students.

The Dublin Service League created these scholarships to help high school seniors attend college who might otherwise not have the financial means to do so. The Dublin Service League scholarships are, therefore, merit and need-based scholarships. Merit and need will both be considered. It is our belief that once a student has proven oneself, most colleges will help them find the resources to complete their education. These scholarships are for the freshman year of college only.

***CRITERIA:***

The applicant must be a student attending a Laurens County High School that has contributed to Laurens County through volunteer services.

The applicant must be seeking scholarship aid for his/her freshman year of college.

The applicant must be enrolled in a program of study that prepares them for college.

Be sure your application is complete. Please include:

**Application**  
**3 Personal Faculty References**  
**Guidance Counselor Endorsement**  
**Transcript**

Name \_\_\_\_\_

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

**DEADLINE: FRIDAY, MARCH 1, 2024**

To: THE DUBLIN SERVICE LEAGUE, INC.

I hereby apply to the DUBLIN SERVICE LEAGUE, INC., for a freshman year scholarship to the college of my choice. I fully understand that if I am awarded this freshman year scholarship, it will be used to pay my room, board, books, and/or tuition. I am aware that during my freshman year, for which I am using this scholarship, I will have to earn passing grades. In the event that during any grading period of my freshman year, I am not allowed to continue to remain enrolled in school or that I stop attending school, then in either event, the scholarship fund will cease and the Dublin Service League, Inc., will be under no obligation for my freshman year education. I also declare that all information in this application is correct and true.

SIGNED \_\_\_\_\_

PHONE \_\_\_\_\_ DATE \_\_\_\_\_

I also agree to allow the Dublin Service League to post pictures of me on social media and their website if I do receive a scholarship.

SIGNED \_\_\_\_\_

DATE \_\_\_\_\_

Note to Parent(s) or Guardian:

If there are extenuating circumstances pertaining to your financial or personal situation that you feel will assist your child in obtaining this scholarship, please include this information in writing and attach it to this application. All information is strictly confidential.

PARENT OR GUARDIAN \_\_\_\_\_

DATE \_\_\_\_\_

**DEADLINE: FRIDAY, MARCH 1, 2024**

The Dublin Service League, Inc.

School Personal Reference  
for Freshman Scholarship Applicant

The applicant listed below has applied for a Freshman Scholarship for THE DUBLIN SERVICE LEAGUE, INC. Please do not fill out this information in the presence of the applicant. All information will be held in strictest of confidence by the Scholarship Committee. Please return this form to the Guidance Counselor by ***March 1, 2024.***

Thank you for taking the time to furnish this information.

NAME OF APPLICANT \_\_\_\_\_

\_\_\_\_\_ **ENDORSE WITH ENTHUSIASM**

\_\_\_\_\_ **ENDORSE**

\_\_\_\_\_ **DO NOT ENDORSE**

PLEASE GIVE REASONS FOR YOUR RESPONSE:

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

SIGNATURE \_\_\_\_\_

POSITION \_\_\_\_\_

SCHOOL \_\_\_\_\_

DATE \_\_\_\_\_

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

SIGNATURE \_\_\_\_\_

POSITION \_\_\_\_\_

SCHOOL \_\_\_\_\_

DATE \_\_\_\_\_

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

SIGNATURE \_\_\_\_\_

POSITION \_\_\_\_\_

SCHOOL \_\_\_\_\_

DATE \_\_\_\_\_

**DEADLINE: FRIDAY, MARCH 1, 2024**  
The Dublin Service League, Inc.

Guidance Counselor Endorsement  
for Freshman Scholarship Applicant

**DEADLINE: FRIDAY, MARCH 1, 2024**

*Please include a copy of any Disciplinary Records and a Transcript*

NAME OF APPLICANT \_\_\_\_\_

Applicant's Rank/Class Size \_\_\_\_\_ G.P.A. \_\_\_\_\_  
SAT \_\_\_\_\_ ACT \_\_\_\_\_ (if applicable)

What special recognition has the applicant received for excellence in school work, such as honors, prizes or scholarships?

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

Please indicate whether or not you endorse the applicant as a suitable candidate for the Dublin Service League, Inc.'s scholarship.

\_\_\_\_\_ **ENDORSE WITH ENTHUSIASM**

\_\_\_\_\_ **ENDORSE**

\_\_\_\_\_ **DO NOT ENDORSE**

PLEASE GIVE REASONS FOR YOUR RESPONSE:

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

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SCHOOL \_\_\_\_\_ PHONE \_\_\_\_\_

**The Dublin Service League, Inc.**  
**2023- 2024**  
**Freshman Scholarship Application**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

HIGH SCHOOL \_\_\_\_\_

FATHER'S/GUARDIAN'S  
NAME \_\_\_\_\_

MOTHER'S  
NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_

TELEPHONE \_\_\_\_\_

OCCUPATION \_\_\_\_\_

OCCUPATION \_\_\_\_\_

EMPLOYMENT \_\_\_\_\_

EMPLOYMENT \_\_\_\_\_

ANNUAL INCOME \_\_\_\_\_

ANNUAL INCOME \_\_\_\_\_

Are any Additional Benefits received? \_\_\_\_\_ If, yes, please list.

Housing Allowance: \_\_\_\_\_

Disability: \_\_\_\_\_

Social Security: \_\_\_\_\_

Welfare: \_\_\_\_\_

With whom do you live? \_\_\_\_\_

Are there any other parents who contribute to this household income, such as child support? \_\_\_\_\_ If yes, please list income and source.

LIST THE NAMES AND AGES OF *OTHER* CHILDREN WHO LIVE AT HOME AND ARE DEPENDENT ON PARENTS' SALARIES.

NAME	AGE	SCHOOL ATTENDING
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

LIST ALL SCHOOLS TO WHICH YOU HAVE APPLIED FOR ADMISSION.  
PLACE AN ASTERISK (\*) BESIDE THOSE SCHOOLS WHICH HAVE ACCEPTED  
YOU.

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YOUR PREFERRED SCHOOL \_\_\_\_\_

Do you expect to receive financial help for college from any other source not listed  
(Grandparents, inheritances, etc.) \_\_\_\_\_ If yes, please list.

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LIST AGENCIES/SCHOLARSHIPS TO WHICH YOU HAVE APPLIED FOR  
FINANCIAL ASSISTANCE.

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LIST AMOUNT(S) OF ANY AID GRANTED.

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LIST PLACES EMPLOYED AND JOBS HELD. \_\_\_\_\_

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DO YOU PLAN TO WORK THIS SUMMER? \_\_\_\_\_ IF YES, WHERE?

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HIGH SCHOOL ACTIVITIES (Clubs, athletics, honors, etc.) \_\_\_\_\_

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CHURCH AFFILIATION AND ACTIVITIES \_\_\_\_\_

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PLEASE WRITE AND ATTACH A PARAGRAPH ABOUT YOURSELF AND YOUR  
GOALS FOR THE FUTURE.