

DRAGONFLY
SCHOLARSHIP APPLICATION
In memory of Brandon Kopacz
An undergraduate scholarship for students

Submit application and attachments postmarked by
Saturday, May 11, 2013
to:



Dragonfly Scholarship Fund
Attn: John & Debbie Kopacz
P.O. Box 243
Elma, NY 14059

Applications are available at: www.dragonflyscholarshipfund.org

Please e-mail any questions to brandon.kopacz@gmail.com

THE PURPOSE:

Every year there is an alarming, increasing growth of substance use, abuse, and obsessions leading to tragedy. Unfortunately, as our society changes, this problem is occurring at horrifying younger and younger ages. Our purpose is to help raise awareness of the problem through education, with the intent to stop potential illicit substance abuse before it starts.

THE SCHOLARSHIPS:

Three scholarships, in the amount of \$1000 (one thousand dollars) each, will be awarded to three graduating high school senior students from the 2012-2013 school year. Successful recipients must be a graduating high school senior and shall be chosen as such:

- One shall be a graduating senior student from Iroquois High School.
- One shall be a graduating senior student and wrestler from any WNY area High School.
- One shall be a graduating High School senior student from any WNY area High School.

The recipient's award will be transferred directly to the college that they are accepted to and are attending.

Minimum Criteria: Successfully graduating from High School.

Basis for Award: The successful candidates' applications will be based on the following:

- ✓ Parent(s) or guardian(s) must have attended community informational meeting(s) on substance abuse awareness. (Proof of attendance will be required)
- ✓ Essay
- ✓ Two letters of Recommendation

The Dragonfly Scholarship Fund Committee will make the final determination to which applicants will be recipients of a scholarship.

Final Application Date for 2013 Graduates

Completed applications must be mailed to the address below and postmarked no later than **May 11, 2013**. Announcement of recipients will be made no later than **June 15, 2013**.

Send completed application to:

Dragonfly Scholarship Fund

Attn: John & Debbie Kopacz

P.O. Box 243

Elma, NY 14059

Dragonfly Scholarship Fund Scholarship Application

A. Applicant Information:

Name: _____ Expected Graduation Date: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: (____) _____ E-mail address: _____
Date of Birth: _____ Social Security Number: ____-____-____
Parent/Guardian Name(s): _____

B. Educational Information:

High School: _____
Grade Point Average (for first 3 yrs of high school): _____ Class Rank: _____
Intended Field of Study: _____
Intended College or University: _____

C. Volunteer/Work Experience:

Please list any community service, volunteer experience and/or jobs held during your high school tenure to date.
(Please continue on a separate sheet if necessary)

1. Employer/Volunteer Site: _____
Date(s): _____

Primary Duties:

2. Employer/Volunteer Site: _____
Date(s): _____

Primary Duties:

3. Employer/Volunteer Site: _____
Date(s): _____

Primary Duties:

D. Activities: List your on-campus and off-campus extracurricular activities, in the order of interest to you, in which you have been involved in since entering high school. If you are a wrestler, please be sure to include that information here. *(Please continue on a separate sheet if necessary)*

1. Activity: _____
Dates of Participation: _____
Your most significant contribution:

2. Activity: _____
Dates of Participation: _____
Your most significant contribution:

3. Activity: _____
Dates of Participation: _____
Your most significant contribution:

E: Attach the following to this application:

1. Official transcripts of all high school education (up through Fall 2012)
2. **One-page** typewritten essay
3. Two letters of recommendation from **non-family** members
 - ✓ One letter must be from a faculty/staff member at your current high school
 - ✓ One letter must be from an non-school reference

Essay:

Prepare a **ONE-PAGE** typewritten essay on the following:

- 1) An instance in which you have encountered adversity.
- 2) How did you respond?
- 3) Were you able to, and if so, how were you able to overcome it?
- 4) What and/or who, if any, had an impact on the decisions you made in this situation?

Two Letters of Recommendation:

Please use the attached reference form for your letters of recommendation. After your reference has completed their letter of recommendation, have them seal it in an envelope and sign across the sealed flap. Letters of recommendation must accompany your application and may not be mailed in separately. Any letter of recommendation received not in accordance with the above instructions will not be considered.

Additional Information:

Please list here any additional information you feel the committee should know about you that might help in the selection process.

I hereby certify that the above information is truthful and accurate to the best of my knowledge. I have completed the application with the intention of giving an honest reflection of myself as a student, citizen and individual as a whole.

Applicant's Signature / Date

Dragonfly Scholarship Fund - Scholarship Reference Form

Name of Applicant: _____

Instructions to the writer: Please state below your opinion of the applicant's abilities as a student, volunteer or employee. Any additional comments you that you might want to make are welcome. We ask that you please keep your recommendation to **250 words or less**.

When you have completed the form, please place it in an envelope, seal the envelope, sign your name across the sealed flap to ensure confidentiality, and give the envelope to the applicant so that he/she may return it with their completed application.

Reference Name Printed

Date

Position/Title

E-mail

Institution/Employer

(_____)_____
Telephone Number