



10951 Pico Blvd. Suite 407
Los Angeles, CA 90064
Toll Free: 1-877-GO-EUREKA
Phone: (310) 234-0111 Fax: (310) 234-0222
www.EurekaReview.com

DOLLARS FOR SCHOLARS APPLICATION

I. PERSONAL INFORMATION

Name _____ Soc. Sec. # _____

Address _____ City/State/Zip _____

Phone Number _____ Email Address _____

Date of Birth _____ Gender () Male () Female Grad. Date _____

High School _____ Current GPA (weighted) _____ (unweighted) _____

College Plans () Four Year () Two Year () Vocational School

Top College Choices _____

Extracurricular Activities _____

Community Service _____

In comparison to other students you have known, please rate yourself in the following areas from 5 (high) to 1 (low):

Scholastic Achievement	1	2	3	4	5
Study Habits	1	2	3	4	5
Desire to go to College	1	2	3	4	5
Work Ethic	1	2	3	4	5

Please share any other information about yourself that you might consider useful to the Scholarship Committee:



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II. RECOMMENDATION – (TO BE COMPLETED BY COLLEGE COUNSELOR)

Student Name _____

Counselor Name _____ Phone # _____

In comparison to other students you have known, please rate the applicant in the following areas from 5 (high) to 1 (low):

Scholastic Achievement	1	2	3	4	5
Commitment to Receive an Education	1	2	3	4	5
Potential for Academic Success	1	2	3	4	5
Work Ethic	1	2	3	4	5

1. Describe your knowledge of the applicant and the length of time you have known the applicant.

2. Please share any other information about the applicant that you might consider useful to the Scholarship Committee.

Signature: _____ Date _____

This can either be given back to the applicant, or it can be mailed in a separate envelope to:

Eureka One-On-One Review
Attn: Dollars For Scholars Program
10951 Pico Boulevard, Suite 407
Los Angeles, CA 90064



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III. ESSAY

You must include a double-spaced, typed original essay of up to 1,000 words that addresses the following:

“Why college is important for my future”

IV. DECLARATION OF APPLICANT

I DECLARE THAT:

1. I have answered all questions applicable to me and that all information is true and complete;
2. I am a full-time student at the High School named in Part I;
3. I authorize Eureka One-on-One Review to request and receive information pertaining to my grades and my enrollment at the High School named in Part I;
4. I authorize Eureka One-on-One Review to contact my reference for verification of this information;
5. I grant permission for my name, essay, and college plans to be released publicly if I receive this award;
6. I have completed the attached essay without committing plagiarism or in any other way using the work of another and claiming it as my own; and,
7. I understand that the scholarship is awarded at the discretion of the Scholarship Committee.

Applicant Name (Printed)

Signature of Applicant Date

Date

Please remit this application to:
Eureka One-On-One Review
Attn: Dollars For Scholars Program
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