



Scholarship Application 2015-2016

Please type or print in blue or black ink (by Student)

A. Personal Information				
Last Name	First Name	Middle Name	Gender	
Mailing Address	City	State/Province	Zip/Postal Code	Date of Birth (MM/DD/YYYY)
Student's Email	Phone Number	Is your parent a current or former member of Des Moines Mothers of Multiples Club? (Yes/No)	I am a: (check one) <input type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/> Quad or Higher	

B. Educational Background					
High School (include school's name, address and phone)					
Graduation Date / Expected Graduation Date				GPA	
College/ University/Vocational/Trade School (if already enrolled in college/vocational/trade school) (include school's name, address and phone)					
Current Major or degrees already received				GPA	
What degree are you currently pursuing: (Please place a check in the appropriate box)	Associate's <input type="checkbox"/>	Bachelor's <input type="checkbox"/>	Master's <input type="checkbox"/>	Doctorate <input type="checkbox"/>	Other? (Please list below)

C. Educational Plans					
Name of School/Institution planning to attend (include school's name, address and phone)					
What degree do you plan to pursue? (Please place a check in the appropriate box)	Associate's <input type="checkbox"/>	Bachelor's <input type="checkbox"/>	Master's <input type="checkbox"/>	Doctorate <input type="checkbox"/>	Other? (Please list below)
Major or Planned Major					
Have you received written acceptance to this school? (Yes/No)			Expected Graduation Date (month & year)		

D. Extracurricular Activities and Interests

Please list school and/or community organizations and memberships. Include year(s) of involvement, positions of leadership held and/or your participation in the activity. **Must be completed in this format in order for application to be considered.

Year(s)	School and/or Community Organizations	Position / Participation / Contributions

E. Honors and Academic Awards

Please list honors and academic awards received. Include year(s) received, awarding institution / organization and honor / award received. **Must be completed in this format in order for application to be considered.

Year(s)	Institution / Organization	Honor / Award

F. Work Experience

Please list work experience. Include year(s) of employment, place of employment and job title / responsibilities. **Must be completed in this format in order for application to be considered.

Year(s)	Place of Employment	Job Title / Responsibilities

APPLICATION CHECKLIST

- Completed and Signed DMMOM Scholarship Application.
- Most current Official Transcript in sealed envelope from your school.
- Submit two (2) letters of recommendation that state the strengths and character of the applicant. The name, address and phone number of the person writing the recommendation, as well as the nature of the relationship (cannot be an immediate family member) and the length of time the applicant has been known by said individual, must be included.
- Essay (300-500 word, typed and double spaced) discussing one of the following two topics:
 - a. Your educational plan stating how this scholarship will help further your education; or
 - b. How being a multiple has impacted you and advice you would give to parent(s) who are raising multiple-birth children.
- Copy of an acceptance letter from the college, university, trade or vocation school you plan to attend or an enrollment verification letter from the registrar's office if currently enrolled in the institution.
- Copies of Birth Certificates for the applicant and the multiple birth child(ren) in order to verify multiple birth family status).

Scholarship application and associated documents must be mailed to:

Des Moines Mothers of Multiples
Attn: Scholarship Committee
PO Box 8205
Des Moines, IA 50301

Applicant's Certification

I have read and understand the eligibility requirements of the DMMOM Scholarship. I hereby certify that all information submitted on this application is true and accurate to the best of my knowledge. I understand that falsification of any information on this application disqualifies me for any current or future DMMOM scholarship. Submission of an application in no way guarantees that a scholarship will be awarded. I understand that my application will only be considered if all eligibility requirements are met and all materials are complete and postmarked on or before the deadline.

Signature _____ Date _____

ALL APPLICATIONS MUST BE POSTMARKED ON OR BEFORE APRIL 1, 2015.

Any questions can be e-mailed to: dmmom.scholarship@gmail.com

Additional information and forms can be found at: www.dmmom.com