



# Dwayne Billingsley Memorial Scholarship Program

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## THE PROGRAM

The Texas Sign Association has established a scholarship program to assist its member companies' employees and employees' children who plan to continue education in college or vocational school programs. Scholarships are offered each year for full-time study at an accredited institution of the student's choice.

This scholarship program is administered by Scholarship America®. Scholarship America is the nation's largest designer and manager of scholarship and tuition reimbursement programs for corporations, foundations, associations, and individuals. Awards are granted without regard to race, color, creed, religion, sexual orientation, gender, disability or national origin.

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## ELIGIBILITY

Applicants to the Dwayne Billingsley Scholarship Program must be -

- Full-time employees of a Texas Sign Association member company who have a minimum of one year of employment with the company as of the application deadline date, OR
- Dependent\* children, age 24 and under, of full-time employees of a Texas Sign Association member company who have a minimum of one year of employment with the company as of the application deadline date, AND High school seniors or graduates who plan to enroll or students who are already enrolled in a full-time\*\* undergraduate course of study at an accredited two-year or four-year college, university, or vocational-technical school.

*\*Dependent children are defined as natural and legally adopted children or stepchildren living in the employee's household or primarily supported by the employee.*

*\*\*Full-time study is defined as full-time enrollment for the entire upcoming academic year.*

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## AWARDS

The authorized distribution for new awards is \$27,000. One (1) \$2,500 Lonnie Stabler Community Service Scholarship will be awarded to a student who demonstrates a history of community service and volunteerism. One (1) \$1,500 Platinum Sponsor Scholarship will be awarded. Eight (8) awards of \$2,000 each will be granted to students attending a 2-year or 4-year college or university. And seven (7) \$1,000 awards will be granted to students attending a vocational/technical school.

A maximum of two (2) awards may be granted to students who reside outside the state of Texas.

Awards are not renewable; however students may reapply to the program each year they meet eligibility requirements.

Awards are for undergraduate study only.

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## APPLICATION

Interested students must complete the application and mail it along with a current, complete transcript of grades to Scholarship America postmarked no later than **April 1**. Grade reports are not acceptable. Unofficial transcripts must display student name, school name, grade and credit hours earned for each course, and term in which each course was taken. Applicants will receive acknowledgment of receipt of their application. If an acknowledgment is not received within three weeks, applicants may call Scholarship America to verify that the application has been received.

Applicants are responsible for gathering and submitting all necessary information. Applications are evaluated on the information supplied; therefore, answer all questions as completely as possible. Incomplete applications will not be evaluated. All information received is considered confidential and is reviewed only by Scholarship America.

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## **SELECTION OF RECIPIENTS**

Scholarship recipients are selected on the basis of academic record, demonstrated leadership and participation in school and community activities, honors, work experience, statement of goals and aspirations, unusual personal or family circumstances, and an outside appraisal.

Selection of recipients is made by Scholarship America. In no instance does any officer or employee of The Texas Sign Association play a part in the selection. All applicants agree to accept the decision as final.

Applicants will be notified by late May. Not all applicants to the program will be selected as recipients. Students may reapply to the program each year they meet eligibility requirements.

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## **PAYMENT OF SCHOLARSHIPS**

Scholarship America processes Dwayne Billingsley Memorial scholarship payments on behalf of The Texas Sign Association. Payments are made in mid-August. Checks are mailed to each recipient's home address and are made payable to the school for the student.

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## **OBLIGATIONS**

Recipients are obligated to submit an essay regarding the value of signage to The Texas Sign Association. Further information will be provided at the time of award notification. Recipients are also required to notify Scholarship America of any changes in address, school enrollment, or other relevant information and to send a complete transcript when requested.

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## **REVISIONS**

The Texas Sign Association reserves the right to review the conditions and procedures of this scholarship program and to make changes at any time including termination of the program.

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## **ADDITIONAL INFORMATION**

Questions regarding the scholarship program should be addressed to:

Dwayne Billingsley Memorial Scholarship Program  
Scholarship America  
One Scholarship Way  
Saint Peter, MN 56082

Telephone: (507) 931-1682

*Administered by*





# Dwayne Billingsley Memorial Scholarship Program

TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES

Completeness and neatness ensure your application will be reviewed properly.

Application postmark deadline April 1

FOR SCHOLARSHIP AMERICA USE ONLY

I.D. #	AA	PD	RIC/CS	GPA	SATRW	SATM	ACTC	SP1	TOTAL

APPLICANT DATA

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 Permanent Home Mailing Address \_\_\_\_\_ Apartment # \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
 Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
 Email Address \_\_\_\_\_

EMPLOYEE PARENT OR GUARDIAN VERIFICATION INFORMATION

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Name of Company \_\_\_\_\_ Work Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
 TSA Member ID Number \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Date of Hire: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Job Title \_\_\_\_\_  
 Relationship to Applicant \_\_\_\_\_ The applicant is a dependent of the employee  Yes  No

HIGH SCHOOL DATA

School Name \_\_\_\_\_ High School Graduation Date: Month \_\_\_\_\_ Year \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

POST-SECONDARY SCHOOL DATA

Name of postsecondary school you plan to attend. (If unknown, please list in order of preference the schools to which you have applied.)  
**Use official school names. Do not use abbreviations.**

\_\_\_\_\_  
 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

4 yr. College or University  2 yr. Community or Junior College  
 Vocational-Technical School  Other, explain \_\_\_\_\_

Year in school **next** year: 1 2 3 4 5

Major or course of study \_\_\_\_\_ Expected college graduation date: Month \_\_\_\_\_ Year \_\_\_\_\_

Degree sought:  Bachelor  Associate  Certificate  Other, explain \_\_\_\_\_

Sending a resumé does not replace any part of this application. If space provided in any section is inadequate, you may continue on additional sheets. Attachments must follow the same format. DO NOT repeat information already reported on the application form. Your name, address and name of this scholarship program should be included on all attachments.

**WORK EXPERIENCE**

Describe your work experience during the **past four years** (e.g., food server, babysitting, lawn mowing, office work). Indicate dates of employment for each job and approximate **number of hours worked** each week.

Employer/Position	From - Mo/Yr	To - Mo/Yr	Hours per Week	Were you paid for your work?
				YES / NO
				YES / NO
				YES / NO
				YES / NO
				YES / NO

**ACTIVITIES, AWARDS AND HONORS**

List all school activities in which you have participated during the **past four years** (e.g., student government, music, sports, etc.). Note all special awards, honors and offices held. **Indicate whether high school or college activities.**

Activity	No. of Years Partic.	Special Awards, Honors	Offices Held	Activity	No. of Years Partic.	Special Awards, Honors	Offices Held

**COMMUNITY SERVICE AND VOLUNTEER ACTIVITIES**

List all community activities in which you have participated without pay during the **past four years** (e.g., Boy/Girl Scouts, hospital volunteer, Special Olympics). Indicate dates of service for each activity and approximate number of hours involved.

Activity	From - Mo/Yr	To - Mo/Yr	Hours

**GOALS AND ASPIRATIONS**

Make a brief statement or summary of your plans as they relate to your educational and career objectives and long-term goals.

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**UNUSUAL CIRCUMSTANCES**

Please describe how and when any unusual family or personal circumstances have affected your achievement in school, work experience, or your participation in school and community activities.

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**APPLICANT APPRAISAL (REQUIRED)**

To the Applicant: This section is required and must be completed in the format provided. If incomplete, your application will not be evaluated. The section is to be completed by a high school or college counselor or advisor, an instructor, or a work supervisor who knows you well.

To the Adult Appraiser: *You have been asked to provide information in support of this application. Please give immediate and serious attention to the following statements. When complete, please return to applicant. If you prefer, photocopy this section and return to applicant in a sealed envelope. A letter of recommendation does not replace this section.*

The applicant's choice of a postsecondary educational program is	<input type="checkbox"/> extremely appropriate	<input type="checkbox"/> very appropriate	<input type="checkbox"/> moderately appropriate	<input type="checkbox"/> inappropriate
The applicant's achievements reflect his/her ability	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's ability to set realistic and attainable goals is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The quality of the applicant's commitment to school and/or community is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The applicant is able to seek, find, and use learning resources	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates curiosity and initiative	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates good problem-solving skills, follows through, and completes tasks	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's respect for self and others is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Appraiser's Name \_\_\_\_\_ Title \_\_\_\_\_ Telephone ( \_\_\_\_\_ ) \_\_\_\_\_  
 Signature \_\_\_\_\_ Organization \_\_\_\_\_ Date \_\_\_\_\_

**TRANSCRIPT INFORMATION**

A complete transcript of grades **must** be sent with this application. Grade reports are not acceptable.

- Students currently or previously enrolled in college or vocational-technical school must** include all college or vo-tech transcripts of grades from each school attended. Unofficial transcripts must display student name, school name, grade and credit hours earned for each course, and term in which each course was taken. (Completion of high school information below is not necessary.)
- High school seniors and students who have completed less than one full quarter or semester** of postsecondary education **must** include a high school transcript of grades and have this section completed by the appropriate school official. **(A clear explanation of the high school's grading scale must also be submitted.)**

Applicant ranks _____ in a class of _____	Cumulative Grade Point Average	SAT		ACT				
	Weighted: _____/4.0 scale	Evidence-Based Reading & Writing	Math	English	Math	Reading	Science	Composite
	Unweighted: _____/4.0 scale							

School Official's Signature \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_ Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

School Official's Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**APPLICATION CHECKLIST**

The student is responsible for submitting all materials to Scholarship America on time. Incomplete applications will not be evaluated. This application becomes complete and valid only when all of the following materials have been received:

- Student Application with completed Applicant Appraisal
- Current Complete Transcript(s) of Grades (including grading scale)

All materials, including transcript, must be addressed to:  
**Dwayne Billingsley Memorial Scholarship Program**  
 Scholarship America  
 One Scholarship Way  
 Saint Peter, MN 56082

**Postmark deadline April 1**

**CERTIFICATION**

Scholarship America has the sole responsibility for selecting recipients based on criteria as set forth in the program's description. This application becomes the property of Scholarship America. (It is recommended you keep a copy for your files.)

*I acknowledge decisions are final. I certify I meet eligibility requirements of the program as described in the guidelines and the information provided is complete and accurate to the best of my knowledge. If requested, I will provide proof of information, including an official transcript of grades. Falsification of information may result in termination of any award granted.*

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_