



# 2017 APPLICATION

Applicant's Name: \_\_\_\_\_

Base High School: \_\_\_\_\_

List Name of Scholarship(s) Applying for \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street Zip Code

Telephone Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Email: \_\_\_\_\_

Are you being considered for any other scholarships or financial aid?  Yes  No  
If yes, list name and amount of each scholarship or grant. (Use additional paper if necessary).

Scholarships or Financial Aid Awards Applied for	Amount
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____

Scholarships or Financial Aid Awards <b>Received</b> from institutions / organizations	Amount
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____

Have you been accepted at the institution of your preference?  Yes  No  
**If yes**, list the name of the institution and tuition cost.

Institution	Actual Annual Tuition Cost
1. _____	\$ _____

**If no**, list in order of preference the institutions to which you have applied.

Institution	Actual Tuition Annual Cost
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____

Intended Major: \_\_\_\_\_

Career Choice: \_\_\_\_\_

I understand that should I receive other scholarships or awards that pay all of my tuition, I will be ineligible to receive a DPSSF Scholarship.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Parent/Guardian Signature