



2019 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 **Received** 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 qualified expenses, I will be ineligible to receive a DPSSF Scholarship.

Applicant Signature

Parent/Guardian Signature