Applicant's Name: _____

Base High School: _____

2020

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