## **Application Information:**

App	lication	#

Name:	D.O.B	S.S.N	
Address:	City:	State:	Zip:
Phone Number:	Email:		
How long have you live	d in Wyoming:		

## **Education Information:**

Which accredited program (College / University / Trade / Vocational / Arts) have you applied for or are applying to, been accepted for enrollment or are currently enrolled in?

Enrollment Status:								
Full Time Part	t Time Student ID #: _	Current GPA						
Area of Study:								
Which do you currently	hold? (Check all that ap	ply):						
High School Diploma	Yes	No						
General Education Degre	ee (GED) Yes	No						
Other Degree (s)	Yes	No If Yes, please list other degrees						
Name of Degree:	Graduating Institution	<u>: Degree Date:</u>						

## **Additional Educational Information:**

List any Activities or Volunteer Work that you have been a part of and feel are important to you:

List any Awards or Honors you have received:

List any Specialized Training. Courses, workshops, etc. that you have completed:

What are your aspirations and goals that you would like to accomplish once your education is complete:

Please provide any additional information about you that you feel would aid the DFAC Board in evaluating your request for financial consideration.

## **Application Acknowledgement & Signature:**

I have read and understand the guidelines for the DFAC Scholarship Fund and have filled out the application to the best of your knowledge. I understand that if I receive a scholarship, my name and picture could be posted on our DFAC Facebook page. If you would prefer not to have your name and picture posted, please check the line below. Checking the line below will not affect the decision of the DFAC Board.

\_\_\_\_ I do not wish to have my name or picture posted, should I receive the scholarship

<b>Applicant Signature:</b>	Date:	

Please have your application post marked and mailed by the last Day of April.

Mail your Completed Application to:

Drag for a Cause PO Box 2321 Rock Springs, Wy 82902