



2017 Scholarship Application

<p><i>FOR OFFICE USE ONLY</i></p> <p><i>Date Scholarship Application Received by DSAGT:</i></p> <p>_____</p> <p><i>Date Scholarship Payment Submitted by DSAGT:</i></p> <p>_____</p>

Date Scholarship Application Filled Out/Submitted by Family: _____

Applicant's Information

Name: _____

Date of Birth: _____

Home Address/City/State/Zip: _____

Camp/Activity Information

Name of Camp/Activity: _____

Date(s) of Camp/Activity: _____

Contact Person: _____

Mailing Address: _____

Phone Number of Contact Person: _____

Email of Contact Person: _____

Total Cost of Entire Camp/Activity: _____

Date Payment is Due: _____

Special Notes or Information (if any): _____

Parent/Guardian Contact Information and Signature

Name(s): _____

Home Address/City/State/Zip: _____

Email Address: _____

Phone Number(s): _____

I agree that this is a one-time, per calendar year request and is subject to approval. Upon approval, the payment will be issued directly to the camp or activity attended. I have read and understand the DSAGT Scholarship Guidelines. Upon my printed and signed name below, I agree to these stated terms.

Individual, Parent or Legal Custodian Name (Printed): _____

X _____ Date _____