

Scholarship Application

Office Use only: GPA _____ Attendance _____



Date: _____

First Name: _____

Middle Name: _____

Last Name: _____

College or University you plan to attend: _____

Major or area in which you will specialize: _____

Proposed occupation or profession: _____

Have you received any grants, loans or scholarships? yes no If yes, in what amount? _____

If no, how do you plan to finance your education? _____

High School _____

Current Class at DMTC: _____

Courses taken at DMTC: _____

Date of acceptance to college: _____

Please attach a copy of your acceptance letter.

Do you have any siblings? yes no How many? _____

Type a brief paragraph, in the space below, explaining why you think you are deserving of a scholarship:

If additional space is needed, please type and attach to application.

Enter your Educational and Career Plans in the space below:

If additional space is needed, please type and attach to application.

Describe how this scholarship will help you achieve your educational plans:

If additional space is needed, please type and attach to application.

Organizations you are a member of:

If additional space is needed, please type and attach to application.

Applications are required to be typed.

To be considered a candidate you must provide a copy of your acceptance letter from the college you have applied to and 2 letters of recommendation. Print the application front and back and have your parent or guardian sign in the space provided for them.

Applications are due to Mrs. Fields in Guidance no later than Thursday, March 30, 2023. Incomplete applications will not be considered.

In signing below I understand that payment of the scholarship award will be made to the school or training program in which I will be enrolled. No payment will be made directly to me.

If I withdraw from the program before the amount of this scholarship is used, I am required to contact the book keeper at Daniel Morgan Technology Center.

I further understand that this scholarship is for the upcoming school year.

Signature of the Student _____

Signature of the Parent or Guardian _____