

# SCHOLARSHIP TRACKING FORM

[Attach this form to the Scholarship Application Form]

## SECTION A: D.A.R.E. OFFICER

Rank \_\_\_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Agency/Department \_\_\_\_\_

Department Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_  
Department Telephone

(\_\_\_\_\_) \_\_\_\_\_  
Department Fax

I hereby certify that the scholarship application submitted herein is for a student who has completed either of the D.A.R.E. elementary, middle school, or high school programs and who is currently a member of the D.A.R.E. Youth Advisory Board. I also affirm that I am a certified D.A.R.E. officer, currently teaching D.A.R.E.

\_\_\_\_\_  
D.A.R.E. Officer Signature

## SECTION B: STATE D.A.R.E. PRESIDENT AND/OR COORDINATOR

Rank/Title \_\_\_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Agency/Department \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_  
Department Telephone

(\_\_\_\_\_) \_\_\_\_\_  
Department Fax

## SECTION C: D.A.R.E. AMERICA BOARD OF DIRECTORS

Date Reviewed: \_\_\_\_\_

Vote to award applicant: YES NO

Signature of Board Member: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_