

D.A.R.E. AMERICA SCHOLARSHIP APPLICATION FORM

CONTACT INFORMATION

Full Name (First, MI, Last):		
Mailing Address:		
City, State, Zip:		
Home Phone:	Cell Phone:	Date of Birth:
Email:		
Graduating High School & Address:		

D.A.R.E. PROGRAM INVOLVEMENT

Name of D.A.R.E. Officer:		
D.A.R.E. Officer's Agency / Department:		
School(s) at which you participated in D.A.R.E. program components:		
	SCHOOL	YEAR
Elementary	_____	_____
Middle School / Junior High	_____	_____
High School	_____	_____

ACADEMIC INFORMATION

Grade Point Average (inclusive of all high school semesters completed): _____

Scholastic Assessment Test (SAT) Score: _____

American College Test (ACT) Score, if available: _____

List four colleges/universities that you have applied to for admission:

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

List other scholarships and amounts that you have been awarded:

- | | |
|----------|----------|
| 1. _____ | \$ _____ |
| 2. _____ | \$ _____ |
| 3. _____ | \$ _____ |

I certify that the information provided herein, and the contents of my portfolio are true, and that I meet all eligibility requirements stated within the Scholarship Information Sheet. I give D.A.R.E. America permission to use my name and photo for publicity should I be the recipient of the scholarship.

Signature

Date