Dairyville Community Club, Inc. Scholarship Application (Lower Division)

Name	Social Security #	
Address		
Phone #email	email address	
Please list the ages of immediate family member college.	rs. Please circle those currently attending	
College, Technical School or Vocational School yo	u plan to attend	
Location	of School	
Accepted to which College?		
Your intended college major	Minor	
Educational Objective (highest degree you plan to e	arn)	
Career / Vocational Objective		
Hobbies and Interests		
Awards		
Organizations you belong to: School		
Community		
Athletics: Sports and grades participated		

Volunteer Activities (community, church, etc.)			
Work Experience:			
Parent / Guardian Information:			
Parent / Guardian	Occupation		
Employer			
Parent / Guardian	Occupation		
Employer			
Signature of Applicant	Date		
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Transcript Release Form

Dear High School Staff,

This year, the Dairyville Community Club, Inc. will be awarding approximately \$15,000 in college scholarships this year. In an effort to simplify the scholarship application process for all concerned, this year the Dairyville Community Club, Inc. Scholarship Committee has requested that the students that are applying for our scholarships submit this form directly to your office. Each student will be responsible for requesting and picking up their own certified copy of their transcript from your office. They are also responsible for submitting their transcripts to the Dairyville Community Club, Inc. along with their completed application materials. Please seal the certified transcript in the attached envelope.

We appreciate your assistance with this matter. For your information, the application deadline for the Dairyville Community Club, Inc. scholarships is Thursday, March 29, 2018, 12:00 noon.

Sincerely,

Mary J. Christensen Chairman, D.C.C. Scholarships 530-200-6403

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Attention High School Staff,				
I,(parent's name)	, give permission to the staff o	f the high school that		
my child currently attends, to release	e an academic transcript for _	(student's name)		
to my son/daughter named on this form for the purposes of applying for a Dairyville				
Community Club, Inc. scholarship.				
Student's Signature	Date			
Parent's Signature	Date			