

# DARE Officers Association of Mississippi Scholarship Application Form

## CONTACT INFORMATION

Full Name (first, mi, last): \_\_\_\_\_

Email (neatly): \_\_\_\_\_

Mailing address (include city & zip): \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Graduating High School & full address: \_\_\_\_\_

## DARE PROGRAM INVOLVEMENT

Name of your DARE Officer: \_\_\_\_\_

DARE Officer's Agency/Department \_\_\_\_\_

School(s) at which you participated in the DARE Program components:

	<u>School</u>	<u>Year</u>
Elementary (5 <sup>th</sup> or 6 <sup>th</sup> grade):	_____	_____
Middle School/Jr High (7 <sup>th</sup> or 8 <sup>th</sup> grade):	_____	_____
High School:	_____	_____

## ACADEMIC INFORMATION

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

SAT Score: \_\_\_\_\_ ACT score: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

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 the DARE Officers Association of MS permission to use my name and photo for publicity should I be the recipient of the scholarship.

\_\_\_\_\_ (print name) \_\_\_\_\_ (signature)  
\_\_\_\_\_ (date)