

DARE Officers Association of Mississippi Scholarship Application Form

CONTACT INFORMATION

Full Name (first, mi, last): _____

Email (neatly): _____

Mailing address (include city & zip): _____

Contact 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 th or 6 th grade):	_____	_____
Middle School/Jr High (7 th or 8 th 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)