

Watford City Area
**Dollars for
SCHOLARS**
A Program of Scholarship America

APPLICANT DATA

Last Name _____ First Name _____

Address _____ City _____ State _____ Zipcode _____

Date of Birth ___/___/___ Telephone/Cell Number _____

Name of Parent/Guardian _____

Parent/Guardian Address, if different from Applicant

Address _____ City _____ State _____ Zipcode _____

Telephone Number _____

For Scholarship Committee:

ID _____

Vocational _____

University _____

DEADLINE FOR SCHOLARSHIP

APRIL 1, 2021

SCHOOL DATA

High School Attended _____ Graduation Date: ____ Mo. ____ Year ____

Address: _____ City _____ State ____ Zipcode _____

Telephone Number _____

Name of **post-secondary school** for which applicant scholarship is requested:

The scholarship will be payable to the college and in your name.

Address of college: _____ City _____ State ____ Zipcode _____

ACT _____ GPA _____

Student will live: ____ On Campus ____ Off Campus ____ Commute

I will be a full-time student: YES/NO

Major course of study applicant plans to pursue: _____

Community Involvement/Accomplishments	Hours	Years	Verification
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

School Activities/Accomplishments	Dates Involvement	Verification
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____