



**2019 Scholarship Application**

<p><i>FOR OFFICE USE ONLY</i></p> <p><i>Date Scholarship Application Received by DSAGT:</i></p> <p>_____</p> <p><i>Date Scholarship Payment Submitted by DSAGT:</i></p> <p>_____</p>
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Date Scholarship Application Filled Out/Submitted by Family: \_\_\_\_\_

**Applicant's Information**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Address/City/State/Zip: \_\_\_\_\_

**Camp/Activity Information**

Name of Camp/Activity: \_\_\_\_\_

Date(s) of Camp/Activity: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number of Contact Person: \_\_\_\_\_

Email of Contact Person: \_\_\_\_\_

Total Cost of Entire Camp/Activity: \_\_\_\_\_

Date Payment is Due: \_\_\_\_\_

Special Notes or Information (if any): \_\_\_\_\_

\_\_\_\_\_

**Parent/Guardian Contact Information and Signature**

Name(s): \_\_\_\_\_

Home Address/City/State/Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

*I agree that this is a one-time, per calendar year request and is subject to approval. Upon approval, the payment will be issued directly to the camp or activity attended. I have read and understand the DSAGT Scholarship Guidelines. Upon my printed and signed name below, I agree to these stated terms.*

Individual, Parent or Legal Custodian Name (Printed): \_\_\_\_\_

X \_\_\_\_\_ Date \_\_\_\_\_