

Scholarship Application

Personal Information		
Applicant Name:		DOB: M / F
Address:		Cell:
		Home:
Immigration Information	1	
Immigration Status:		Country of Origin
Arrival Date:		
Current School		
School:	Phone:	Fax:
Grade:	GPA:	Graduation Date:
Reference #1:Phone:	Title:	
Reference #2:Phone:	Title:	
Planned College		
University:	Planned Degree:	Planned Graduation:
	s to the following questions on a nse and summarize your answer	on a separate sheet of paper. Please in 250 words or less:
How do you	plan to use your education to g	give back to the community?
I certify that the information	I have provided in this application is to	rue to the best of my knowledge
Signed:		Date

Planned College



University:			
	_ Planned Degree: _	Planned Graduation:	

Instructions: Please complete the form and attach a separate sheet with the response to the essay question. You can email your completed forms to info@dglawga.com or mail hard copies to 725 Windy Hill Rd, Smyrna, GA 30080. The deadline to apply for the scholarship is May 25. Scholarship recipients will be notified by June 15, 2017. All decisions are final.