

Date Received:

DASA Scholarship Assistance Application

Last Name: _____ First Name: _____ M.I.: _____

Home Address: _____ Apt.#: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Cell Number 1: _____

Cell Number 2: _____ Email _____

Are you applying for a dependent child under the age of 18: _____

Child's First Name: _____ Child's Last Name: _____

Home Address: _____ Apt.#: _____

City: _____ State: _____ Zip Code: _____ Date of Birth: _____

What DASA event are you applying for Assistance? _____

Do you need full financial assistance or partial? If partial how much are you able to pay? _____

Have you received DASA Assistance Scholarship in the past? _____

If yes, for what event? _____

Please give a brief explanation for the need for scholarship assistance. (Unforeseeable financial hardships, lost employment, etc).

In what way will you or your child benefit from participating in this funded activity?

Please briefly explain your child's disability.

Print Name: _____ Date: _____

Signature of Applicant: _____

Office use only: Amount approved _____, by Kelly Behlmann _____