

# DCCCA SCHOLARSHIP APPLICATION

NAME: \_\_\_\_\_ APPLICATION DATE: \_\_\_\_\_

DCCCA PROGRAM: \_\_\_\_\_

POSITION: \_\_\_\_\_ EMPLOYMENT DATE: \_\_\_\_\_

SCHOLARSHIP AMOUNT REQUESTED: \$ \_\_\_\_\_

ARE YOU RECEIVING ANY EDUCATIONAL / PELL GRANTS? \_\_\_\_\_ YES  
\_\_\_\_\_ NO

DO YOU HAVE SCHOOL EXPENSES THAT ARE NOT COVERED BY GRANTS?  
\_\_\_\_\_ YES \_\_\_\_\_ NO

Indicate amount not covered  
by grants.

HAVE YOU PREVIOUSLY RECEIVED DCCCA SCHOLARSHIP FUNDS? \_\_\_\_\_ YES  
\_\_\_\_\_ NO

DEGREE BEING SOUGHT: \_\_\_\_\_

NAME OF SCHOOL: \_\_\_\_\_

REASON FOR SEEKING DEGREE

## PLAN FOR WORKING TOWARD THAT DEGREE

(HOW MUCH SCHOOL HAS BEEN COMPLETED SO FAR? HOW MANY HOURS ARE YOU CURRENTLY TAKING?  
WHEN DO YOU PLAN TO COMPLETE YOUR DEGREE?)

HOW WILL THIS COURSE OF STUDY INCREASE YOUR SKILLS IN YOUR CURRENT  
POSITION?

Employee Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

Coordinator Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_\_\_ School related expenses attached \_\_\_\_\_ Recommendation from  
Coordinator attached  
\_\_\_\_\_ Proof of completion/grades of most recent semester  
if previous scholarship has been awarded by DCCCA.

**THE ABOVE INFORMATION MUST BE ATTACHED FOR CONSIDERATION OF YOUR APPLICATION**