



Dallas Retirement Village Foundation
SCHOLARSHIP APPLICATION

Name: _____ Date: _____

Position worked or Volunteered _____

Dates you worked or volunteered: _____

DOB: _____ SSN: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Certification or Degree Interest: _____

Academic Institution Name: _____

Tuition Cost (attach itemized expense from the Institute): _____

When does the course begin: _____

Amount requesting: _____

How are you planning on paying for the rest of the tuition: _____

Why do you want to pursue the degree or certification listed above? _____

What are you goals/plans for the next 5 years: _____

How will this Degree/Certification benefit you? _____

Describe your educational background including: majors, minors and areas of special interest or study. _____

Highest Degree Earned: _____ School: _____

List work related training and certifications. _____

Committee Section:

Not Approved (reason) _____
Approved: _____
If approved amount approved: _____

Accounting Section:

Check #: _____
Amount of Check: _____
Who check is made out to: _____

Applicant Signature

Date

Scholarship Committee Member

Date