



SCHOLARSHIP APPLICATION (Questions regarding the scholarship, go to www.dcbfoundation.org)

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date of Birth	Gender: Male or Female	Race or Ethnicity	
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you a naturalized citizen? YES <input type="checkbox"/> NO <input type="checkbox"/>

EDUCATION			
High School		Address	
From	To	Graduation Date	Degree
G.P.A.	SAT Score	ACT Score	
College/University you plan to attend (1 st Choice)	Have you been accepted?		
Type of Institution	<input type="checkbox"/> 4yr college/university		<input type="checkbox"/> 2yr college/university
Location	City	State	

REFERENCES	
Please list three references. (immediate family excluded)	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

EXTRACURRICULAR ACTIVITIES/VOLUNTEER WORK	
Activity	How long?

STUDENT ESSAY

Select (1) topic from the choices below. Compose an essay with a maximum of 650 words; Minimum word count is 500;

Topics:

1) The Foundation’s namesake was a wonderful mentor and friend. He encouraged his mentees to work hard and to be diligent in their academic and career pursuits. If you could design your own mentor, what characteristics would you want him or her to possess?

2) Neuroscience research indicates that texting is the primary method of communication between teenagers, which is having a negative effect on teens’ reading comprehension and ability to communicate verbally. Do you agree or disagree?

3) If you were to give an important speech or a TED talk, what would you talk about?

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.
 If this application leads to the awarding of an academic scholarship, I understand that false or misleading information in my application or other information submitted in conjunction with this application may result in the termination or repeal of the scholarship.

Signature _____ Date _____

Parent/
Guardian
Signature _____ Date _____