



SCHOLARSHIP APPLICATION

Current Position: _____ Date: _____

Name: _____ DOB: _____

Address: _____

Date of Hire: _____ Current Position: _____

Work Phone: _____ Time in Current Position: _____

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 and the DRV? _____

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

Highest Degree Earned: _____ School: _____

List work related training and certifications. _____

Supervisor Section: How is the employee's overall:

Attendance: _____
Attitude and working relationship with co-workers: _____
Work Ethic's: _____
Dependability and Reliability: _____
Quality of work: _____
Would you recommend this employee for a scholarship: _____?

Committee Section:

Approved: _____
If approved amount approved: _____

Accounting Section:

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

Employee Signature

Date

Supervisor Signature

Date

Scholarship Committee Member

Date