



The Foundation

DALLAS COUNTY COMMUNITY COLLEGE DISTRICT

STUDENT SCHOLARSHIP APPLICATION FORM

1601 South Lamar St. | Dallas, TX 75215-1816 | 214-378-1531
www.foundation.dcccd.edu | An Equal Opportunity Institution

Instructions:

1. Please print clearly the following information. Turn in completed application, with all applicable signatures, to Financial Aid Office. If this form is incomplete, inaccurate, or not signed, it will not be considered.
2. Please complete one application for each scholarship.
3. Please submit a new application each semester or as required by scholarship criteria.
4. College/Foundation may require an attached written statement describing educational goals and other relevant information (*see specific scholarship criteria*).
5. All students who receive a scholarship will be required to obtain a DCCCD e-mail address for future communications.

Personal Information:

Applicant Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

DCCCD Student ID# or SSN#: _____ E-mail: _____

Academic Information:

College: _____ Semester for which application is being made (Term and Year): _____

Credit Hours Earned to Date: _____ Intended Major: _____ GPA: _____

Credit hours to be taken during semester for which scholarship is awarded: _____

Name of Scholarship: _____

Nepotism Statement:

State law requires applicants to identify any relation to a current DCCCD Foundation Board of Directors or DCCCD Board of Trustees member.

A student related to either can only receive a scholarship if exclusively based on academic merit or athletics.

Are you related to any member of the DCCCD Foundation Board or DCCCD Board of Trustees? ☐ Yes. ☐ No.

If yes, please identify the Board member and the relationship: _____

Authorization Information:

(Initial) I release to the Dallas County Community College District (DCCCD) and the DCCCD Foundation the right to access all my current and ongoing personal and academic records and transcripts. If awarded a scholarship, I understand that I must meet the scholarship criteria and Standards of Academic Progress for the DCCCD and the DCCCD Foundation.

(Initial) I understand my name and information from my academic history may be released to the scholarship selection committee(s) and the scholarship donor(s). If awarded a scholarship, I release to the DCCCD and the DCCCD Foundation, the right to arrange a meeting with the donor(s) and use my name, story, and picture for printed and video materials, reports, and press releases, without compensation, as well as I will attend ceremonies and receptions. I also recognize the advisability of communicating a letter of thanks to the donor of the scholarship.

I certify that the statements herein are true to the best of my knowledge and grant my permission for the information contained herein to be shared with the scholarship selection committee(s) and scholarship donor(s).

Student Signature: _____ Date: _____

Financial Aid Office Use Only:

Financial Aid Office Signature: _____ Date: _____ Applicant GPA: _____

Division Signature (If Required): _____ Date: _____

Scholarship Fund Recommended: _____ Amount: _____

Foundation Office Use Only:

Foundation Executive Director Signature: _____

Scholarship Awarded: _____ Date: _____