



Mail Application to:

College Applying To
Precollege Program Name

**INSTRUCTIONS FOR COLLEGE USE ONLY**  
*Enter name and address of college or institution in space above.*

**You may receive a maximum of three DPI Precollege Scholarships per year.**

**STUDENT / PARENT INSTRUCTIONS:** Student must be eligible for Free or Reduced Price School Meals, and must have finished fifth grade, but not have graduated from high school to receive a DPI Precollege Scholarship.

Fill out **Section I—Student Information completely**. Parent/guardian must sign in the space provided. Give this form to your principal or food services authorized representative at **your** school for completion of **Section II**. Once the signature is acquired through your middle or high school, mail the completed scholarship application **to the college or university** that is offering the precollege program.

**I. STUDENT INFORMATION**

Name <i>Last</i>		Name <i>First</i>		Name <i>Middle Initial</i>	
Street Address			City	State	Zip
Phone Number <i>Area Code/No.</i>	Email	Date of Birth <i>Mo./Day/Yr.</i>	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		

Check **only one** (For Statistical Purposes Only)

Hispanic or Latino     Not Hispanic or Latino

Check **all that apply**. (For Statistical Purposes Only)

American Indian or Alaska Native     Asian     Black or African-American     Native Hawaiian/Other Pacific Islander     White

Current Grade Level <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	Anticipated Year of High School Graduation
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School Presently Attending	School District Name	No. of Prior Precollege Scholarships Received This Year
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**I HEREBY AUTHORIZE** release of my child's verification of Free or Reduced Price School Meals eligibility to the Precollege Campus and DPI.

Signature of Parent/Guardian ➤	Date Signed <i>Mo./Day/Yr.</i>
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**II. VERIFICATION AND RECOMMENDATION**

**Instructions to the Principal, Food Services Authorized Representative, or DPI/WEOP Staff Member**

Verify that this student is eligible for Free or Reduced Price School Meals and forward this application form to the college or university where the student has applied for admission to a DPI Precollege Program.

Is this student eligible for Free or Reduced Price School Meals?     Yes     No

**I HAVE VERIFIED that this student is eligible for Free or Reduced Price School Meals and I recommend this student for a DPI Precollege Scholarship.**

Name of Authorized Representative	Title	Telephone <i>Area/No.</i>
Verification Signature ➤		Date Signed <i>Mo./Day/Yr.</i>