

# GENERAL SCHOLARSHIP APPLICATION

## APPLICANT INFORMATION

Full Name:		
Date of birth:	Phone:	Alt Phone:
Current address:		
City:	State:	ZIP Code:
County:	Email:	

## PERSONAL INFORMATION FOR SCHOLARSHIP REQUIREMENTS ONLY

Address after April 30, (Home Address)			
City:	State:	ZIP:	County:
Ethnicity/Race: (Check One)	American Indian or Alaska Native ()	Asian ()	Black or African American ()
Hispanic or Latino ()	Native Hawaiian or Pacific Islander ()		White ()

## FAMILY INFORMATION

Fathers Name:		
Mothers Name:		
Parent(s) / Guardian Complete Address:		City:
State:	Zip Code:	County:

## SPOUSE INFORMATION IF APPLICAL

Name:			
Address:	City:	State:	Zip Code:

## PARENT OR SPOUSAL EMPLOYMENT INFORMATION

Name of Parent or Spouse Currently employed by a La Plata County First Responder Agency:	
Name of Agency Employed by:	How long?
Department Phone:	E-mail:

## ACADEMIC / ACTIVITIES REACORD

High School:	Year Graduated:	GPA:
You will be: Freshman () Sophomore () Junior () Senior ()		
Number of Credit Hours you are planning to take for Fall Term:		Winter Term:
Major (If unknown, put undeclared)		
College Credit Hours Completed (if any)	Current GPA:	
If you will be a college senior for this upcoming school year, will you graduate in December or April:		
Residency for scholarship purposes: In-State () Out-Of-State ()	Name of Institution:	
Activities/Honors you would like us to know about:		

## SIGNATURE AND REQUIRED INFORMATION TO BE INCLUDED WITH APPLICATION

One copy of <b>Unofficial Transcripts</b> attached Yes () No ()	<b>One</b> essay attached Yes () No ()
Signature of applicant:	Date:

**Email Application and Attachments to: [debrap@yesdurango.com](mailto:debrap@yesdurango.com) or [durangohiker@durango.net](mailto:durangohiker@durango.net) (APPLICATION DEADLINE FEBRUARY 1)**