

# Stiles, Wallace & Assoc. Scholarship

Due March 27 to DCHS Counseling Office

Name \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Date of birth \_\_\_\_\_

Grade Point Average \_\_\_\_\_ Class Rank \_\_\_\_\_ out of \_\_\_\_\_

SAT Scores: Combined \_\_\_\_\_

ACT Scores: Composite \_\_\_\_\_

Member of National Honor Society? Yes or No

Please list any **academic** achievements:

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Please list any **athletic** achievements:

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Please list any **Fine Arts** (Band, Art, Theater Arts) achievements: \_\_\_\_\_

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Please list any other **extracurricular activities** in which you have participated:

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Please list any **community/volunteer activities** in which you have participated:

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Please list any **employment experience** you have:

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How will this scholarship help you meet your **future goals**? \_\_\_\_\_

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Additional information or resume may be attached.

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Student Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Parent Signature

\_\_\_\_\_

Date