

DYBA College Scholarship Application

All information associated with this application will be used only for the purpose of awarding the DYBA College Scholarships and will be held in complete confidence by the DYBA Board members.

If more space is needed for any responses, use additional sheets clearly labeled with the no. of the item.

Student Name: _____

Address: _____

Phone No: _____ **Email Address:** _____

Date of High School Graduation (month/year): _____

1. Family Data:

a. **Father's name:** _____

b. **Mother's name:** _____

c. **Father's occupation:** _____

Name of business: _____

Address: _____

Phone number: _____

d. **Mother's occupation:** _____

Name of business: _____

Address: _____

Phone number: _____

e. **Parents (check one):**

Married ___ Separated ___ Divorced ___ Remarried ___ Deceased ___

Living with which parent _____

If parent(s) have remarried, give name(s) and occupation(s) of step parent(s):

f. **Siblings: (give names, ages, school or college attending or graduated from)**

Brothers: _____

Sisters: _____

2. Extracurricular activities in school (Indicate leadership positions):

3. Activities outside of school (Indicate leadership positions):

4. Honors:

School: _____

Other: _____

5. Work Experience:

a. List job(s) and date(s) of employment

1. _____

2. _____

3. _____

4. _____

5. _____

b. Plans for employment this summer: _____
