

SCHOLARSHIP TRACKING FORM

[Attach this form to the Scholarship Application Form]

SECTION A: Student Information

First Name _____

Last Name _____

Home Address _____

City _____

State _____

Zip Code _____

(_____) _____
Home Telephone

(_____) _____
Home Fax

I hereby certify that the scholarship application submitted herein is for myself and I have completed the D.A.R.E. elementary, middle school, **or** high school. I also certify that I am a certified D.A.R.E. graduate.

Applicant's Signature

Email address: _____

Facebook address: _____

MySpace address: _____

SECTION B: State Coordinator will complete this section upon receipt of application

Rank/Title _____

First Name _____

Last Name _____

Agency/Department _____

Date Received _____

State Coordinator's Signature

(_____) _____
Department Telephone

(_____) _____
Department Fax

SECTION C: D.A.R.E. OFFICERS ASSOC OF MS BOARD OF DIRECTORS will complete

Date Reviewed: _____

Vote to award applicant: YES NO

Signature of State President: _____ Date: _____

Comments: _____

