

Letter	Trans	Nom	Ref	Sr	App Date	App #
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Previous Applicant? Yes _____ No _____

**Must be Postmarked by
Due Date March 5, 2012**

Daniel B. (Bryan) Deupree Scholarship Application

NOTE: You will be notified by mail if you are selected for a scholarship. You may re-apply for each fall (due March 5) and spring semester (due October 5) as long as you are attending school.

First Name _____ Middle Name _____ Last Name _____

Permanent Mailing Address _____ Maiden Name _____
(If Married)

City, State, Zipcode

Telephone No. _____ Date of Birth _____ Social Security No. _____

Marital Status: ____ (S- Single, M-Married, D-Divorced, W-Widow) Number of applicants children _____

High School Attended _____ Rank in class _____ of _____ (size)

Graduation Year _____ Have you passed the GED? _____ Year? _____

ACT Scores Composite _____ Math _____ English _____ Reading _____ Science _____

SAT Scores Math _____ Verbal/Writing _____ Critical Reading _____

College you plan on attending _____

Money will be sent here

Address of college _____

Current Cumulative

Have you applied for admission? _____ Have you been accepted? _____ GPA _____

What will be your college major? _____ Full or Part-time college student? _____

Financial Information

(If married give information on self and spouse)

	Father or Guardian or Self	Mother or Guardian or Spouse
Name		
Address		
Occupation		
Employer		
Annual income (all sources)		

Number of other children supported by parents _____ Number of other children in college _____

List any scholarships, grants, loans, or other sources of income you will be receiving while attending school.

	Sources	Total per year
Loans		\$
Grants		\$
Scholarships		\$
Gifts/Other		\$

How much assistance per semester from the Deupree Foundation will you need to be able to attend school? _____

Where do you expect to live at school? _____

Will you own or have use of a car at school? _____ Make and Model _____

Do you plan to work while attending college? _____ Part-time or Full-time? _____

Work Record

Place of Employment	Hours per week	Employment term

List three references:

Name	Address	Telephone

Signed _____

(Applicant)

Parent's Statement

I acknowledge that I have read, understand, and agree with the application information that my son/daughter has submitted.

Date _____

Signed _____

(Parent Signature if Applicant is Minor)

Mail application to:

Daniel B. (Bryan) Deupree Foundation

P.O. Box 345

Bonham, Texas 75418

Phone 903-961-3001