



**Decatur Community Scholarship  
Application Form**  
(Please type or print)

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Social Security Number \_\_\_\_\_ Birth Date \_\_\_\_\_

Parent or legal guardian's name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

High School Name \_\_\_\_\_ Date of graduation \_\_\_\_\_

Cumulative Grade Point Average \_\_\_\_\_

Evidence of financial need is required to be used in determining recipients in cases of equal merit.

FAFSA information provided is: \_\_\_\_\_ actual \_\_\_\_\_ estimated.

Please list any extenuating circumstances that might affect financial need that we should know about. (Medical bills, recent death in the family, etc.)

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Post-Secondary school you are planning to attend or are currently attending: \_\_\_\_\_

What is your intended or declared major? \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

- Attach an official copy of your transcript.
- Attach a copy of your FAFSA.
- Attach a copy of your resume.