Dear Seniors:

Please complete this form regarding **all** scholarships and awards you have received. Selected information **may be used** for the Honors Day booklet and awards ceremony or in other DSHA publications or publicity. We will not list the individual award amounts in the booklet; however, we will use the class data in certain reports. **Please sign, have your parents/guardians sign, and return to Mrs. Hoffmann in the College Center.** If this form is not returned by **Tuesday, April 26th** your awards/scholarships **will not** be included. Thank you.

Student Nam			
Name of Scho	olarship		
Type (academ	nic, leadership, service)		
Awarded by (university, organization, compan	у)	
Amount:	Total:	Per year:	
Name of Scho	plarship		
Type (academ	nic, leadership, service)		
Awarded by (university, organization, compan	y)	
Amount:	Total:	Per year:	
Name of Scho	olarship		
Type (academ	nic, leadership, service)		
Awarded by (university, organization, compan	y)	
Amount:	Total:	Per year:	

Name of Scholarship				
Type (academic, leadership, service)				
Awarded by (university, organization, company)				
Amount: Total:	Per year:			
Name of Scholarship				
Type (academic, leadership, service)				
Awarded by (university, organization, company)				
Amount: Total:	Per year:			
Name of Scholarship				
Type (academic, leadership, service)				
Awarded by (university, organization, company)				
Amount: Total:	Per year:			
Name of Scholarship				
Type (academic, leadership, service)				
Awarded by (university, organization, company)				
Amount: Total:	Per year:			
Student Signature				
Parent Signature				

Must be returned to Mrs. Hoffmann by April 26th