

DRIVE SMART WELD COUNTY SCHOLARSHIPS FOR DRIVER EDUCATION

Application Form

INFORMATION TO BE COMPLETED BY APPLICANT: (Please Print or Type)

NAME Last _____ First _____ MI _____

MAILING Street or P.O. Box # _____
ADDRESS City _____ State _____ Zip _____

RESIDENCE Number and Street _____
ADDRESS City _____ State _____ Zip _____

EMAIL Student _____
Parent or Guardians _____

(Please check which is best email contact for student. Notify us of any changes.)

PHONE Home _____ Other (Specify) _____

CELL Student _____
Parent or Guardians _____

SCHOOL ATTENDING: _____ Grade: _____

DATE OF BIRTH _____ AGE AT APPLICATION _____

APPLICANT IS LIVING WITH: (Check all that apply):

MOTHER

FATHER

LEGAL GUARDIAN

NAME OF PARENTS/LEGAL GUARDIANS: _____

ADDRESS AND PHONE OF PARENTS/GUARDIANS (if different from applicant)

Address _____

Phone _____

OCCUPATION: Mother _____ Father _____

EMPLOYER: Mother _____ Father _____

IS FINANCIAL NEED BASED ON FINANCIAL CIRCUMSTANCES OF MOTHER,
FATHER, OR BOTH, OR OF GUARDIAN? _____

Please remember that this is a needs-based scholarship.

Do you currently have a driver's instruction permit?

Yes

No

Do you currently have a driver's license?

Yes

No

Would you be willing to join/start a Drive Smart club or

Yes

No

Help with a Drive Smart activity?

Yes

No

**DRIVE SAFE WELD COUNTY DRIVER EDUCATION SCHOLARSHIPS
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5. Please list the activities and organizations you are involved with at your high school and/or in your community. Please note offices you hold or responsibilities you have within these groups.

6. Please attach a transcript from your counseling office of your high school.

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CONFIDENTIAL – THIS ANSWER WILL NOT BE PUBLISHED

Please use this space to describe special circumstances which lead to your needing this financial aid for driver's education that you feel the selection committee should know (unusual expenses, family difficulties, etc.). *We need to consider the income, special circumstances, etc. of both parents (especially in a divorce situation) or all guardians.* Please be very specific with your answers. *This section may be completed by the student or the parent/guardian.*

**DRIVE SMART WELD COUNTY DRIVER EDUCATION SCHOLARSHIPS
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APPLICANT’S STATEMENT:

I understand that the DRIVE SMART Weld County Scholarship Fund has limited resources and that it is an honor to be a recipient of this scholarship. I agree to accept the scholarship awarded to me regardless of which driver’s education program I have been awarded. I pledge to conscientiously attend the driver training classes and to complete the course within six months of enrollment. I understand that my scholarship can be revoked for substandard or disruptive participation in the classes. I agree to participate in some community Drive Smart activities for a minimum of 8 hours in the year that follows my selection. I agree to be courteous and respectful of the Drive Smart volunteers I am working with, to show up on time, and to be dressed appropriately for the job I will be doing. I also agree to log the hours I have volunteered and submit them to Drive Smart for verification. This is the only payment I am being asked to make, and I will honor it.

I give DRIVE SMART Weld County permission to publish my responses to questions 1 through 4 and to use my name and photo in publicity about the organization or this scholarship. I promise to abide by all state laws while driving and to wear a seat belt in any vehicle in which I am either driving or riding. When I am driving, I will ensure that other passengers wear their seat belts.

By signing this application, I attest that all statements and information given are truthful and accurate.

Signature of Applicant

Date

**DRIVE SMART WELD COUNTY DRIVER EDUCATION SCHOLARSHIPS
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PARENT/GUARDIAN STATEMENT:

I certify that my child would not be able financially to take driver education training without receiving this scholarship. I agree to accept the scholarship awarded to my child regardless of which driver's education program he or she has been awarded. If my child is a recipient of this scholarship, I promise to provide a car, if necessary, for my child's use during instruction. I will provide my child with driving opportunities during this learning process.

I understand that the driver education classes must be started within six months of receiving a scholarship and must be completed within six months of enrollment. If there are any disciplinary issues, I agree to bring my child in for a meeting, if called. I understand that my child's scholarship can be revoked for substandard or disruptive participation in the classes or at Drive Smart activities.

By signing this application, I attest that all statements and information given are truthful and accurate.

Signature/Relationship

Date

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