

Admin use only

Letter	Trans	Nom	Ref	Sr	App Date	App #
--------	-------	-----	-----	----	----------	-------

Previous Applicant? Yes _____ No _____

Must be Postmarked by
Due Date **October 5, 2021**

Daniel B. (Bryan) Deupree Scholarship Application

NOTE: **FORM MUST BE COMPLETELY FILLED OUT LEGIBLY AND ACCURATELY.**

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 _____ EMAIL _____

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 Total _____ SAT Total _____ Current 4.0 GPA _____

NAME of COLLEGE money will be sent to

COMPLETE MAILING ADDRESS of COLLEGE

Have you applied for admission? _____ Have you been accepted? _____ Currently Attending? _____

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

Financial Information

(If self supporting or married give information on self and/or spouse)

	Father or Guardian or Self	Mother or Guardian or Spouse
Name		
Home 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, Model, Year _____

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 and ALL requested materials in ONE envelope to:

Daniel B. (Bryan) Deupree Foundation

P.O. Box 345

Bonham, Texas 75418

Phone 903-961-3001