

Admin use only

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

**Must be Postmarked by  
Due Date March 5, 2019**

## 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 \_\_\_\_\_ 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 GPA \_\_\_\_\_

College \_\_\_\_\_

*Complete Mailing Address of College, Money will be sent here*

\_\_\_\_\_

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		
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