



YOUTH SCHOLARSHIP APPLICATION FORM

Youth's Name: _____

Date of Birth: _____ Grade: _____ Male ☐ Female ☐

School: _____

Parent/Guardian: _____

Address: _____

City/State: _____ Zip: _____

Email Address: _____

Phone/Text: _____

Name of Camp/Workshop/Educational event you are applying for: _____

Location: _____

Have you applied for SDAD Scholarship Program in the past? YES ☐ NO ☐

If yes, were you awarded? YES ☐ NO ☐

If yes, what year? _____

Youth' Signature: _____ Date: _____

Parent/Guardian's signature: _____ Date: _____