**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: