# *Drive to Succeed*

## APPLICATION

**Please note: Incomplete applications may not be considered for award.**
**Typed or legible hand-written applications are accepted.  Use current information when filling out the application.**

Student name: _____

Student address: _____

City: _____ State: _____ Zip: _____

Student Phone number: _____ Do you text?  ☐ Yes ☐ No

Student E-mail address: _____

Student Birthday (month/day/year format): _____

Parent/Guardian name: _____

Parent/Guardian Phone number: _____ Do you text?  ☐ Yes ☐ No

Parent/Guardian E-mail address: _____

What high school is your student currently attending? _____

If currently homeschooled or attending a career center, please check:  ☐ Homeschool Student ☐ Career Center Student

Check the program below that you qualify for and attach approved documentation:
　　☐ School reduced/free lunch　　　☐ WIC/SNAP eligibility　　　☐ Medicaid recipient

Briefly explain how this scholarship will help you? _____

_____

_____

_____

I _____, have **never** taken a driver's education class, am **not currently enrolled** in a
　　　Student name
driver education course, **or currently have** a driver's license.

I _____ agree that the above statement is true. If the **information is found to be untrue** and
　　Parent/guardian name
scholarship is awarded, **student and/or parent/guardian will be charged** for the cost of the driver education class.

Check to confirm that you have attached the following requirements:

　　☐ Fully completed application　　☐ Documentation for financial eligibility　　☐ Letter of recommendation

_____　　_____
**Student Signature**　　　　　　　　　　**Date**　　　　　　　**Parent/Guardian Signature**　　　　　　　**Date**

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