



2017 SUZANNE DOOLEY GRADUATE TUITION SCHOLARSHIP APPLICATION FORM

Instructions:

Please print clearly the following information. Submit completed application, with all applicable signatures to scholarships@wifdallas.org by **5 PM CDT, Wednesday, October 25, 2017**. If this form is incomplete, inaccurate, or not signed, it will not be considered. Please refer to "Grants & Scholarships" on our website www.wifdallas.org for complete details.

Personal Information:

Applicant Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

E-mail: _____

Academic Information:

College: _____

Semester for which application is being made (Term and Year): _____

College Mailing Address: _____

College Advisor Contact (Name and Phone or e-mail): _____

Credit Hours Earned to Date: _____ Intended Major: _____ GPA: _____

Authorization Information:

I release to Women in Film Dallas the right to access all my current and ongoing personal and academic records and transcripts. If awarded a scholarship, I understand that I must meet the scholarship criteria for Women in Film Dallas.

(Initial)

I understand my name and information from my academic history may be released to the scholarship selection committee(s) and the scholarship donor(s). If awarded a scholarship, I release to Women in Film Dallas, the right to use my name, story, and picture for printed and video materials, reports, and press releases, without compensation, as well as I will attend ceremonies and receptions. I also recognize the advisability of communicating a letter of thanks to the donor of the WIFD Grants & Scholarships Committee.

(Initial)

I certify that the statements herein are true to the best of my knowledge and grant my permission for the information contained herein to be shared with the grants and scholarship selection committee(s).

Applicant's Signature: _____ Date: _____

College Verification Only:

Registrar's Signature: _____ Date: _____ Applicant GPA: _____