

**INSTRUCTIONS:**

Please clearly print the following information below. If this form is incomplete, inaccurate, or not signed — it will not be considered. If something below is not applicable to you, please write out N/A in the corresponding box. Applications are accepted from **July 1, 2018 - October 31, 2018**. Please refer to the Women In Film Dallas (WIFD) Grants & Scholarships page on our [website](http://website) for complete details. \*Restrictions apply, see the guidelines form.

**DEADLINE:**

Submit the completed application form along with any other required documents and applicable signatures to [Scholarships@WIFDallas.org](mailto:Scholarships@WIFDallas.org) by **5pm** CST, **October 31, 2018**.

**APPLICANT'S PERSONAL INFORMATION:**

Legal First & Last Name:	
Home Address:	
City, State, Zip:	
Cell Phone Number:	
Personal E-Mail:	
School E-Mail:	

**CURRENT ACADEMIC INFORMATION:**

College/University:	
Address:	
City, State, Zip:	
Semester for which application is being made (term & year):	
Advisor's First & Last Name:	



<b>CURRENT ACADEMIC INFORMATION (CONTINUED):</b>	
Advisor's Office Phone Number & Extension:	
Advisor's E-Mail:	
Credit Hours Earned to Date:	
Intended Major:	

<b>APPLICANT'S AUTHORIZATION INFORMATION:</b>	<b>INITIAL(S):</b>
I grant WIFD the right to access all of my current and ongoing personal and academic records and transcripts. If awarded a scholarship, I understand that I must meet the scholarship criteria for WIFD.	
I understand that my name and information from my academic history may be released to the scholarship selection committee. If awarded a scholarship, I give WIFD the right to use my name, story and photograph for print/video materials, reports, press releases, promotional flyers, etc., without compensation. I also agree to attend WIFD Grants & Scholarships ceremonies, receptions or events in hopes to promote the program.	

By signing below, I, the applicant — certify that the information above is true to the best of my knowledge and grant my permission for the information contained herein to be shared with the WIFD Grants & Scholarships selection committee.

_____	_____
Applicant's Signature	Date



_____	_____
Registrar's Printed Name	Date
_____	
Registrar's Signature	
Applicant's Current G.P.A.:	_____

**for questions/concerns, contact [Scholarships@WIFDallas.org](mailto:Scholarships@WIFDallas.org)**

