

**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 March 19, 2019- July 1, 2019. Please refer to the Women In Film Dallas (WIFD) Grants & Scholarships page on our 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 by 11:59 PM CST, July 1, 2019.

**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):	
Date tuition fees are due:	



CURRENT ACADEMIC INFORMATION CONTINUED:	
Advisor's First & Last Name:	
Advisor's Office Phone Number: Extension:	
Advisor's E-Mail:	
Credit Hours Earned to Date:	
Intended Major:	

APPLICANT'S AUTHORIZATION INFORMATION:	INITIAL(S)
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 Signature	Date

Applicant's Current G.P.A.:	_____
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**For questions/concerns, contact [Scholarships@WIFDallas.org](mailto:Scholarships@WIFDallas.org)**

