

DUMAS STAFF ASSOCIATION
2020-2021 SCHOLARSHIP APPLICATION

Date: _____

Applicant's Name: _____

Permanent Address: _____

Telephone Number: _____

Email Address: _____

Check ONE and fill in the year:

_____ Dumas High School Graduating Senior (Year _____)

_____ Dumas High School Graduate (Year _____)

Entering Student Teaching

Fall Semester (Year) _____ Spring Semester (Year) _____

_____ Dumas ISD Employee Enrolled in College

Seeking Teaching Certification

_____ Dumas ISD Employee Seeking Alternative Certification in Education

Complete:

High School GPA _____ **High School Class Ranking** _____

(Attach unofficial or official copy of high school transcript)

College GPA _____

(Attach unofficial or official copy of college/ university transcript)

College or University where enrolled:

College or University Registrar's Address:

City: _____ **State:** _____ **Zip Code:** _____

Page 2 Application Number: _____

In the space provided below, please explain your decision of teaching as a career and why you are applying for this scholarship.

Application must be returned NO LATER THAN APRIL 15th to:

Lee Ann Hokanson

P.O. Box 1503

Dumas, TX 79029

leeann.hokanson@dumasisd.org