Drive to Succeed

APPLICATION

Please note: Incomplete applications may not be considered for award.
Typed or legible hand-written application is accepted. Use current information when filling out the application.
Return completed application to mwhitaker@knoxhealth.com.

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 are you currently attending? (Check one)   ☐ Centerburg   ☐ Danville   ☐ East Knox
    ☐ Fredericktown   ☐ Knox County Career Center   ☐ Mount Vernon   ☐ Home Schooled

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**