

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 sdapprich@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 driver education course.

I _____ agree that the above statement is true. If the **information is found to be untrue** and scholarship is awarded, **student and/or parent/guardian will be charged** for the cost of the driver education class.

I _____ agree if my the student fails to complete the course we will be responsible to repay the amount awarded.

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**

For office use only:			
Date of application received:	Date of application reviewed:	Was scholarship awarded?	Date student notified