VIII Knox PUBLIC HEALTH

Drive to Succeed

APPLICATION



AB_01/202

Please note: Incomplete applications may not be considered for award. Typed or legible hand-written applications are accepted. Use current information when filling out the application. Student name: ______ Student address: ______ City: _____ State: ____ Zip: _____ Student Phone number: ______ Do you text? 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 is your student currently attending? If currently homeschooled or attending a career center, please check: Homeschool Student Career Center Student 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? _____, 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 permit/license. 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
For office use only: Date of application received:	Date of application reviewed:	Was scholarship awarded?	Date student notified