



DCWC Scholarship Form

Darke County Wellness Challenge
715 Chestnut Street
Greenville, Ohio 45331

Name: _____ Email: _____
Address: _____
Home Phone #: _____ Cell Phone #: _____
High School: _____ GPA: _____
Weighted GPA: _____ SAT Score: _____ ACT Score: _____
College Attending: _____
Cost for tuition/year: _____ Room/Board: _____
Bursar's Office Address: _____
Field of Study: _____

Father/Guardian:	Mother/Guardian:
Name: _____	Name: _____
Address: _____	Address: _____
Occupation: _____	Occupation: _____
Employer: _____	Employer: _____
Email: _____	Email: _____
Phone #: _____	Phone #: _____

Adjusted Family Gross Income for Previous year:

_____ Under \$50,000	_____ \$50,000-\$75,000	_____ \$75,000-\$100,000
_____ \$100,000-\$125,000	_____ \$125,000-\$150,000	_____ Over \$150,000

Requirements to be eligible:

1. Must attend at least **6** of the Darke County Wellness Challenge races in 2017.
(Either as a volunteer or participant).

*Please attach resume of activities, honors and community service you've been involved with. The application, resume, transcript and any other pertinent information should be sent to Darke County Wellness Challenge, 715 Chestnut Street, Greenville, Ohio 45331 and postmarked by September 30, 2017. If selected, students will need to be available to interview in October 2017.

**No renewable scholarships.

For more information email us at dcwellnesschallenge@gmail.com.