

De Soto High School

Application for Local Scholarships

Submit this application as part of your scholarship application packet.

Print and complete by hand.

Name _____ (Last, First)

Street Address _____

City _____ State _____ Zip _____

Township _____ County _____

Phone _____ E-Mail _____

Name of Parent(s)/Guardian(s) _____

Name of Post-Secondary School _____

Major or Course of Study _____

Expected Date of Entry _____

Local Donor Selection Criteria

- Are you a member of the National Honor Society? ___ YES ___ NO
- Is your father a member of a local Lions Club? ___ YES ___ NO Chapter _____
- Is your mother a member of a local Lioness Club? ___ YES ___ NO Chapter _____
- Is your parent a member of the Viroqua Masons? ___ YES ___ NO
- Is your parent or grandparent a veteran? ___ YES ___ NO Branch _____
If **YES**, is the person a disabled veteran? ___ YES ___ NO

- Elementary school attended? _____
- Which bank(s) do your parents use? _____
- My parents/guardians are members of the following local co-operatives: _____

- My parents/guardians are members of the following local or regional organizations:

