



INSTRUCTIONS TO THE STUDENT AND PARENT/GUARDIAN:

Read instructions below. **DO NOT MAIL YOUR APPLICATION TO THE DPI/WEOP OFFICE.** This will only prolong the child from applying for the DPI Precollege Scholarship and it is based on a first-come first-serve through the college.

INSTRUCTIONS FOR COLLEGE USE ONLY:

Mail application to: *Enter name and address of college or institution.*

College Applying To
Program Name

You may receive a maximum of three DPI Precollege Scholarships per year.

STUDENT / PARENT INSTRUCTIONS: Student must be eligible for Free or Reduced Price School Meals and, must have finished fifth grade, but not have graduated from high school to receive a DPI Precollege Scholarship.

Fill out **Section I—Student Information completely.** Parent/Guardian must sign in the space provided. Give this form to your principal, food services authorized representative at **your** school for completion of **Section II.** Once the signature is acquired through your middle or high school, mail it to the college that is coordinating for the precollege course your child is applying to attend.

When the college receives your application for the precollege course they will enter you into their program and mail the application to the DPI/WEOP personnel who will enter it into the DPI/WEOP database for Precollege Programs. Only then will the child be in our system for repayment for precollege courses to the colleges who are participating through the DPI/WEOP program.

I. STUDENT INFORMATION

Name <i>Last</i>	First	Middle Initial
Street Address	City	State Zip
Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	

Check only one (For Statistical Purposes)

- Hispanic or Latino Not Hispanic or Latino

 American Indian or Alaska Native
 Asian
 Black or African-American
 Native Hawaiian/Other Pacific Islander
 White

Current Grade Level <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	Anticipated Year of High School Graduation
School Presently Attending	School District Name College Program

I HEREBY AUTHORIZE release of my child's verification of Free or Reduced Price School Meals eligibility to the Precollege Campus and DPI.

Signature of Parent/Guardian ➤	Date Signed <i>Mo./Day/Yr.</i>
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II. VERIFICATION AND RECOMMENDATION

Instructions to the Principal, Food Services Authorized Representative, or DPI/WEOP Staff Member:

Verify that this student is eligible for Free or Reduced Price School Meals and forward this application form to the college or university where the student has applied for admission to a DPI Precollege Program.

Is this student eligible for Free or Reduced Price School Meals? Yes No

I HAVE VERIFIED that this student is eligible for Free or Reduced Price School Meals and I recommend this student for a DPI Precollege Scholarship.

Name of Authorized Representative	Title	Telephone <i>Area/No.</i>
Verification Signature ➤	Date Signed <i>Mo./Day/Yr.</i>	