



GIVE-BACK SCHOLARSHIP APPLICATION

Full Name: _____

Address: _____

Phone Number: _____ Email: _____

Current School: _____

School Counselor or Advisor: _____

Contact EM and Phone for Above: _____

Current GPA: _____

School you will be attending: _____

Admissions Rep/Advisor at New School: _____

Contact EM and Phone for Above: _____

Educational Program: (check one) Trade/ 2 Year School _____ 4 Year School: _____

Major Field of Study: _____

Date you will/did begin program: _____

I have enclosed the following required materials:

____ Completed Application Form

____ Essay

____ Transcript from Current School (unofficial is acceptable)

____ Letter of Recommendation

For questions contact Shelly Cauthen at cauthens@newdimensionsinc.com or 703-867-1612

To download copies of the application visit www.newdimensionsinc.com