



## 2024 Forest Avenue Library Fall4Learning Scholarship Application Form

1000 Grand Avenue | Des Moines, IA 50309 | 515 - 412 - 0180 or kellyshrock@dmpfoundation.org  
www.dmpl.org/foundation

### Instructions:

1. Please print clearly the following information. Turn in completed application, with all applicable signatures, to DMPL Foundation **by March 21, 2024** via mail or email kellyshrock@dmpfoundation.org. If this form is incomplete, inaccurate, or not signed, it will not be considered.
2. We require an attached written statement describing your educational goals and why you believe you are deserving of this scholarship.

#### Personal Information:

Applicant Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

#### Academic Information:

High School Attended: \_\_\_\_\_ High School GPA: \_\_\_\_\_  
College Planning to Attend: \_\_\_\_\_ Intended Major: \_\_\_\_\_  
Semester for which scholarship will be used. (Term and Year): \_\_\_\_\_  
Credit hours to be taken during semester for which scholarship is awarded: \_\_\_\_\_

### Authorization Information:

\_\_\_\_\_ I understand my name and information from my academic history may be released to the scholarship selection committee and the scholarship donors. If awarded a scholarship, I release to the DMPL Foundation, the right to arrange a meeting with the donors and use my name, story, and picture for printed and video materials, reports, and press releases, without compensation, as well as I will attend a reception. I also recognize the advisability of communicating a letter of thanks to the donors of the scholarship.

(Initial)

**I certify that the statements herein are true to the best of my knowledge and grant my permission for the information contained herein to be shared with the scholarship selection committee and scholarship donors.**

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

#### Foundation Office Use Only:

Foundation Executive Director Signature: \_\_\_\_\_  
Scholarship Awarded: \_\_\_\_\_

How I utilized the Forest Avenue Library: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please submit this form with an attached written statement which includes (two pages maximum):**

- (1) A description of your college plans.
- (2) Why you believe you are deserving of this scholarship.

**Deadline to submit is Thursday, March 21, 2024.**