

**Dexter Community Schools
Internal Activity Accounts
Intent to Offer Student Scholarship Form**

Date: _____

Name of Scholarship _____

The scholarship was established for _____

Sponsoring Group/Individual:

Name _____

Address _____

City, State, Zip _____

Phone home mobile work (____) _____ Other Phone (____) _____

Email _____

Website _____

Scholarship amount \$ _____ Number of scholarships _____

Date/event scholarship to be awarded _____

Scholarships to be awarded school years _____

Funding source (please check any that apply):

Payment to Dexter Community Schools

Check will be issued from the sponsor directly to the student

Internal Activity Account 662-431-_____ Name _____

Other (please describe): _____

Application/selection process:

DHS Senior's Scholarship Application

Separate application available from _____

Dexter staff selects recipient (indicate staff member) _____

Other (please describe): _____

Scholarship criteria (or attach):

Other information:

For Business Office Use:	
Account # 662-431-_____	Name _____