

## David A. DeWire Scholarship Fund

The David A. DeWire Scholarship Fund was established by Emily DeWire, David's widow in his memory.

## Criteria of Eligibility

- Graduating senior from Sullivan County High School.
- Accepted into an accredited university or college.
- A recommendation from the Science Department must be made for the student (written or verbally) to qualify. If available, someone from the Science Department should also be included on the selection committee.
- Has excelled in the general science curriculum.
- Must be committed to a post-secondary education at a two or four year school.

Please see your guidance for deadline.



## David A. DeWire Scholarship Notification

## **Student Information**

| Last Name                             | First Name        |            | MI       |                  |  |
|---------------------------------------|-------------------|------------|----------|------------------|--|
| Street Address                        |                   |            | Apt./Un  | nit Number       |  |
| City                                  | State             |            | Zip Code |                  |  |
| Home Phone                            | Cell Phone        |            |          |                  |  |
| E-mail                                |                   |            |          |                  |  |
| Parental Information                  |                   |            |          |                  |  |
| Father Last Name                      | First Name        |            | M        | MI               |  |
| Address (if different from above)     |                   |            |          | Apt./Unit Number |  |
| City                                  |                   | State      |          | Zip Code         |  |
| Phone                                 |                   | Cell Phone |          |                  |  |
| Mother Last Name                      | First Name        |            | MI       |                  |  |
| Address (if different from above)     |                   |            |          | Apt./Unit Number |  |
| City                                  | <del></del>       | State      |          | Zip Code         |  |
| Phone                                 |                   | Cell Phone |          |                  |  |
| School Information                    |                   |            |          |                  |  |
| Name of college or university student | t will be attendi | ng:        |          |                  |  |