

# LECROY SCHOLARS PROGRAM

## Application Form and Summary of Procedure

**DEADLINE: FIRST FRIDAY IN APRIL**

*(please attach photo)*

Name \_\_\_\_\_ Student ID# or S.S.# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

School Attending \_\_\_\_\_ Employment \_\_\_\_\_

High School Graduation Date \_\_\_\_\_ H.S. GPA \_\_\_\_\_ Highest GPA available at your school \_\_\_\_\_

DCCCD GPA \_\_\_\_\_ SAT Score \_\_\_\_\_ ACT Score \_\_\_\_\_ Class Rank \_\_\_\_\_ of \_\_\_\_\_

• CAREER GOALS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

• LIST 3 IMPORTANT LEADERSHIP ACCOMPLISHMENTS:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

• LIST 3 HONORS THAT REFLECT OUTSTANDING SCHOLARSHIP:

\_\_\_\_\_

\_\_\_\_\_

• ON A SEPARATE PAGE, PLEASE WRITE A ONE PAGE (minimum), TYPED ESSAY describing why you want to be a LeCroy Scholar.

**The LeCroy Scholarship award may be used ONLY at one of the seven DCCCD Colleges.**

Signature of applicant \_\_\_\_\_

Recommended by (signature) \_\_\_\_\_  
(principal, counselor or faculty member)

SUMMARY OF APPLICATION PROCESS: Send or deliver the following five (5) items to the address below by the **FIRST FRIDAY in APRIL**.

1. Completed and signed application (above);
2. Letter of recommendation;
3. Official high school / DCCCD transcript;
4. One-page (minimum), typed essay describing why you want to be a LeCroy Scholar; and
5. Photo (*not a factor in the selection process*).

LECROY SCHOLARS PROGRAM  
DCCCD FOUNDATION  
1601 LAMAR STREET  
DALLAS, TEXAS 75215