

Dominion PTSO

Washington DC Scholarship Application

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Please return the completed application to Mr. Chambers by 12/19

Student Name_____

Student's Grade Point Average (GPA)_____

Parent/Guardian Name_____

Address_____

Phone Number_____

Email_____

Elementary School Attended_____

How many people live in your household?_____

Extracurricular Activities (please list):

Question for Parent/Guardian: How would this scholarship help you/your child?

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Student's Name _____

Scholarship Essay Component for student: Please explain why you would like to visit Washington DC and what this trip would mean to you (in about 300 words):