

Dare 2 Be D.E.A.F.

Dream. Educate. Aim. Focus.

The Dare 2 Be D.E.A.F. Scholarship

The Dare 2 Be D.E.A.F. Scholarship was created to assist a Lake City High School senior with the cost of post-secondary school. The committee is looking for a scholar student that is forward thinking and gives back to their community. The scholarship will be awarded to the best candidate based on materials provided in the application packet.

The Dare 2 Be D.E.A.F. Scholarship will be awarded annually to one Lake City High School senior. The scholarship will go towards tuition fees. Candidates for this scholarship must meet all requirements and submit all requested materials online at www.dare2bedeaf.com by the appointed deadline. Late applicants will not be considered. The recipient will be judged on merit and not race, creed, religion, or disability. The scholarship is effective for the fall 2019 semester only.

Award Amount: \$500

Criteria:

- Applicant must be a graduating senior at Lake City High School
- Applicant must have a minimum GPA of 3.0 on a 4.0 scale
- Applicant must be accepted as a full time student at a trade school, 2 year, or 4 year college for the 2019 fall semester
- All materials must be submitted at online at www.dare2bedeaf.com by **Friday, April 5th**

Components of Application: The following items must be submitted with the application.

YES	NO	Most recent high school transcript
YES	NO	Proof of school acceptance. Scholarship will go directly to institution to be applied to tuition costs.
YES	NO	Dare 2 Be D.E.A.F. Community Service Form
YES	NO	(1) Letter of recommendation from LCHS teacher/staff and (1) letter of recommendation from leader over community service activity
YES	NO	Essay: What part of D.E.A.F. (Dream. Educate. Aim. Focus.) means the most to you and why? (500 – 750 words)

If you have any questions please email info@dare2bedeaf.com.



www.dare2bedeaf.com
info@dare2bedeaf.com

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Name: _____

Phone Number: _____ Email: _____

Current GPA: _____ School of Acceptance: _____

Name of Recommender #1 (Teacher/Administrator): _____

(This letter should be detailed in explaining how you embody the core values of Dare 2 Be D.E.A.F.)

Name of Recommender #2 (Community Service): _____

I hereby declare that the information contained in this application is accurate and complete to the best of my knowledge.

Applicant Signature: _____ Date: _____

****Please submit a typed essay (500-750 words) along with application & Dare 2 Be D.E.A.F. Community Service form****

Scholarship Application Deadline: Friday, April 5th, 2019



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