

Doris Denker Wheelchair Sports Foundation Scholarship

1. Name _____ 2. Student ID Number _____ - _____ - _____
Last, First, Middle

3. Male Female 4. Date of Birth ____/____/____ 5. Telephone Number () _____

6. Permanent Home Address _____
Number & Street City Zip

7. Mailing Address _____

8. In what fields of study are you particularly interested? _____

9. Have you applied for financial aid? Yes No Other scholarships? Yes No

10. What percent of your expenses will you be responsible for? _____%

11. Please list any scholarships you have been notified of receiving.

Name	Amount Received	Source
_____	_____	_____
_____	_____	_____

12. High School _____ Class Rank/Size ____/____ GPA _____

13. SAT Scores _____ Verbal _____ Math _____ ACT Scores _____ English _____ Math _____ Social Sci. _____ Natural Sci. _____ Comp. _____

14. Disability: _____

15. Category: _____ High School Senior _____ Non-Traditional _____ Current MSC Student

16. Describe your academic goals: _____

17. Give examples of personal achievements: _____

If you have questions regarding any of these scholarships or need additional information, please contact the Mesa State College Office of Financial Aid at (970) 248-1396.