**DAGC SCHOLARSHIP**
**APPLICANT INFORMATION FORM**

**Name of Applicant** _____
First Last

Home Address _____
Street Address

_____
City State Zip

Phone (_____)_____ Date of Birth _____/_____/_____

□ Male □ Female Name of school currently attending: _____

When did you attend Camp Ho Mita Koda? _____
Approximate date(s)

**Parent/Guardian Name** _____

Home Address _____
Street Address

_____
City State Zip

Day Phone (_____)_____ Evening Phone (_____)_____

**Parent/Guardian Name**_____

Home Address _____
Street Address

_____
City State Zip

Day Phone (_____)_____ Evening Phone (_____)_____