2010 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 (_____)_____