

Wisconsin Department of Public Instruction PRECOLLEGE SCHOLARSHIP APPLICATION PI-1573 (Rev. 11-18)

Mail Application to:

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College Applying To	INSTRUCTIONS FOR COLLEGE USE ONLY Enter name and address of college or institution in space above.
Precollege Program Name	Enter hame and address of college of institution in space above.
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You may receive a maximum of three DPI Precollege Scholarships per year.

STUDENT / PARENT INSTRUCTIONS: Student must be eligible for Free or Reduced Price School Meals, and must have finished fifth grade, but not have graduated from high school to receive a DPI Precollege Scholarship.

Fill out **Section I—Student Information completely**. Parent/guardian must sign in the space provided. Give this form to your principal or food services authorized representative at **your** school for completion of **Section II**. Once the signature is acquired through your middle or high school, mail the completed scholarship application to the college or university that is offering the precollege program.

		I. ST	UDENT INF	ORMA	TION						
Name Last			First							Middle Initial	
Street Address					City				State	Zip	
Phone Number Area Code/No.	Email					Date o	of Birth <i>Mo./</i>	/Day/Yr.	Gender	le	
Check only one (For Statistical Purposes	Only)					1			1		
Hispanic or Latino	ot Hispanic or	Latino									
☐ American Indian or Alaska Native ☐ Asian ☐ Black or African-American ☐ Native Hawaiian/Otl								an/Other	ner Pacific Islander		
Current Grade Level							Anticipate	d Year o	f High Scho	ol Graduation	
□ 5 □ 6 □ 7 □]8		10 🔲	11	<u> </u>						
School Presently Attending School District Name									Prior Precollege Scholarships ved This Year		
I HEREBY AUTHORIZE release of my ch	ild's verificati	on of Free	or Reduced	Price S	School N	/leals eli	igibility to th	e Precoll	lege Campu	is and DPI.	
Signature of Parent/Guardian									Date Signe	d <i>Mo./Day/Yr.</i>	
>											
	II. Y	VERIFICA	TION AND I	RECOM	MENDA	ATION					
Instructions to the Principal, Food Serv	ices Author	ized Repre	esentative,	or DPI/	WEOP	Staff M	ember				
Verify that this student is eligible for Fre student has applied for admission to a DF			hool Meals	and for	ward thi	is applic	cation form	to the co	ollege or un	iversity where th	
Is this student eligible for Free or Reduce	d Price Schoo	ol Meals?		es	□ N	0					
I HAVE VERIFIED that this student is of Scholarship.	eligible for F	ree or Re	duced Pric	e Scho	ol Meal	ls and I	recommer	nd this s	tudent for	a DPI Precolleg	
Name of Authorized Representative				Title					Telephone	Area/No.	
Verification Signature									Date Signe	d <i>Mo./Day/Yr.</i>	
>											