

Desert Institute Military Scholarship Application

Please fill out the following information about yourself and your military affiliation. Your information will be kept confidential and will only be used for the purpose of processing your scholarship and maintaining records.



Today's date: _____
(MM/DD/YY – MM/DD/YY)

I am interested in taking: _____

This class takes place on: _____
(MM/DD/YY – MM/DD/YY)

Full Name: _____

Address: _____ City: _____

ST. _____ Zip: _____

Phone Number: _____

Email: _____

Military Affiliation: _____
(active duty, spouse, dependent)

Branch of Service: _____

Military Base: _____

Unit: _____

Have you been awarded a scholarship before? Yes _____ No _____

If so, when? _____

How did you hear about this scholarship? _____

For family classes only. Please list the names of all family members who will be attending the field class.

Parent(s) or Guardian(s): _____

Children: _____