

DACA SCHOLARSHIP APPLICATION

| Name: | | | Date of birth: | Phone: *staff will call you for your appointment at this number |
|--|----------------------|--------------------------------------|--|---|
| Email: | | | Preferred language: | |
| Address: Str | eet *Address on Rene | ewal Application form | **Check will be Mailed to you at the address on your Renewal Application Form | |
| City | State Zip Code | | Can you do a video chat on the phone number listed above? | |
| | | | If not what ca conferencing: | apacity do you have for video? |
| Please chec | k all that apply: | | When does your | DACA expire? |
| □ I res | side in Seattle | | | |
| ☐ I work in Seattle☐ I attend school in Seattle | | | Is your application complete and ready to mail? ——————————————————————————————————— | |
| | | | | |
| How d | id you hear abo | out the scholarship | ? (If you were referred | by someone, please list them): |
| | - | ed DACA renewal during my appoint | | of my Employment Authorization |
| Signe | d: | | | |
| / typing in ue | your name you | ı are verifying and | confirming that all the | above information is accurate and |

Please email this completed application to dgvasquez@elcentrodelaraza.org