D. W. Daniel High School
Class of 2017

SENIOR SCHOLARSHIP OFFERS

For our records and in preparation for awards day, we would like to know **ALL** scholarship opportunities that have been offered to you (even those that you will not be using). Also, please specify if the scholarships are one-time only scholarships or if they will be awarded each year you are enrolled. Please return this form to the Guidance Office by **Thursday, April 27**. The total scholarship amount for your class will be publicized so it is very important that your information is submitted. Thanks!

Name _____

Name of Scholarship	**College/Organization**	**Yearly Amount**	**Total Amount (If more than one year)**