

# Carrie Crystal Stuckert Memorial Art Scholarship

## 2017 Application

Current School (name, address, and phone number)

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Name of Guidance Counselor, Advisor or Principal

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Name

Title

Please tell us how you learned about the Dream Pool Scholarship Foundation

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By signing this application I am stating that all information is accurate and true to the best of my knowledge. I am aware that proof of registration is required before the Dream Pool Foundation will issue any monies; and scholarship awards will be paid directly to the college/institution in the recipient's name. I am aware that this is a one-time scholarship. Winners will be notified directly and their names will be listed on the website.

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Signature

Date

**Deadline is April 24, 2017**

The Dream Pool Foundation \*P.O. Box 20720\* Greenfield, WI 53220

[www.dreampoolfoundation.org](http://www.dreampoolfoundation.org)