

Carrie Crystal Stuckert Memorial Art Scholarship

2018 Application

Current School (name, address, and phone number)

Name of Guidance Counselor, Advisor or Principal

Name

Title

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

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.

Signature

Date

Deadline is April 24, 2018

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

www.dreampoolfoundation.org