



**THE SUZANNE DOOLEY  
TUITION SCHOLARSHIP  
APPLICATION FORM**

**Instructions:**

Please print clearly the following information. Submit completed application, with all applicable signatures to [scholarships@wifdallas.org](mailto:scholarships@wifdallas.org) by **11:59 PM CDT, Wednesday, November 15, 2023**. If this form is incomplete, inaccurate, or not signed, it will not be considered. Please refer to "Grants & Scholarships" on our website [www.wifdallas.org](http://www.wifdallas.org) for complete details.

**Personal Information:**

Applicant Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Academic Information:**

College: \_\_\_\_\_

Semester for which application is being made (Term and Year): \_\_\_\_\_

College Mailing Address: \_\_\_\_\_

\_\_\_\_\_

College Advisor Contact (Name and Phone or e-mail) \_\_\_\_\_

\_\_\_\_\_

Credit Hours Earned to Date: \_\_\_\_\_ Intended Major: \_\_\_\_\_ GPA: \_\_\_\_\_

**Authorization Information:**

\_\_\_\_\_ I release to the Women in Film Dallas the right to access all my current and ongoing personal and academic records and transcripts. If awarded a scholarship, I understand that I must meet the scholarship criteria for Women in Film Dallas.

(Initial)

\_\_\_\_\_ I understand my name and information from my academic history may be released to the scholarship selection committee(s) and the scholarship donor(s). If awarded a scholarship, I release to the Women in Film Dallas, the right to use my name, story, and picture for printed and video materials, reports, and press releases, without compensation, as well as I will attend ceremonies and receptions. I also recognize the advisability of communicating a letter of thanks to the donor of the WIFD Grants and Scholarship Committee.

(Initial)

**I certify that the statements herein are true to the best of my knowledge and grant my permission for the information contained herein to be shared with the grants and scholarship selection committee(s).**

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**College Verification Only:**

Registrar's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Applicant GPA: \_\_\_\_\_