



**LEADERSHIP
DEKALB**

Class of 2025 Scholarship Request Form

Please submit the completed request form and submit it with your application to info@leadershipdekalb.org by **Friday, March 29, 2024**.

First Name:	Last Name:	Date:
Address:	City:	State & Zip:
Email:	Cell #	Work #

*Please complete all sections.

I. Employment Status (circle one):

Self-employed:

Full-time

Part-time

Retired

Other: Please explain: _____

2. Income Level (circle one):

Less than \$35K/year

\$36K - \$45K/year

\$46K - \$55K/year

\$56K - \$65K/year

\$66K - \$75K/year

More than \$75K/year

3. Essay: In 300 words or less, please explain why you are requesting a scholarship.