Des Moines Area Community College- Neighborhood Resident Leadership Certificate
SCHOLARSHIP APPLICATION

APPLICANT NAME: _____
(First) (M.I) (Last)

Date of Birth: _____ Address: _____City: _____

State: _____ Zip: _____

Day Phone: _____ Evening Phone: _____ Cell Phone: _____

E-MAIL: _____

NEIGHBORHOOD: _____

1. Please list classes you would like to attend: _____

_____

_____

2. What do you hope to gain from attending these classes?

_____

_____

_____

3. Race:

☐ White ☐ Black/ African American ☐ Asian

☐ American Indian/ Alaskan Native ☐ Native Hawaiian/ other Pacific Islander

☐ American Indian/ Alaskan Native & White ☐ Asian/White

☐ Black/African American & White ☐ American Indian/Alaskan Native & Black/ African American

☐ Other Multi-Racial

4. Female Heads of Household? ☐ Yes ☐ No

5. Elderly ☐ Yes ☐ No

6. Handicapped ☐ Yes ☐ No

MAIL THIS COMPLETED APPLICATION TO:

DES MOINES NEIGHBORS NEIGHBORHOOD RESOURCE OFFICE
ATTN: NRLC
1620 PLEASANT STREET STE 233
DES MOINES, IA 50314.
Phone: 280-1807

For Office Use Only	App Received On:	Date Reviewed:
Applicant Eligible: Yes/No	App Approved: Yes/No	Applicant Notified On:
Attendance Policy Reviews: Yes/No		DMACC Notified On: