



JOHN C. DIMMER AND MARILYN J. DIMMER SCHOLARSHIP Application

Date: _____

Name: _____
Last First Middle

Address: _____
Number & Street

City: _____ State: _____ Zip: _____ Phone: _____

What is your cumulative grade average, 9th through last grading period? _____

Name your current high school: _____

Planned college major: _____

In which four-year college or university will you enroll next year?

Name City, State

Have you been accepted? ☐ Yes ☐ No

Please write a **short** statement supporting your choice of college major: _____

Please name three (3) teachers of **academic** courses who know you well

Give each teacher one of the attached evaluation forms and ask that the form be completed and returned to the counseling office no later than: _____

Return your application to the counseling office no later than: _____

Student Services Department

10903 Gravelly Lake Dr SW, Lakewood WA 98499 • 253.583.5154 • Fax 253.583.5158 Rev: 04/03/2020