



2018 CDR SCHOLARSHIP AND MENTOR PROGRAM APPLICATION

(Directions: Application must be typed or handwritten legibly in ink.) Date: _____

Name of Direct Doolittle Raider _____

Name of Student _____

Address _____

Phone _____ E-Mail _____

Mother's Name _____

Address (if different from student) _____

Father's Name _____

Address (if different from student) _____

Name of High School _____

School Phone Number _____ Graduation Date _____

Grade Point Average _____ Test Scores (ACT or SAT) _____

Name of institution you plan to attend _____

Career Plans _____

Honors/Awards/Distinctions Received _____

School/Community Activities _____

I certify that the preceding information is true and correct to the best of my knowledge. I authorize the CDR Scholarship Committee to receive and review my submitted school records.

Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

Return Completed Application Packet via e-mail or mail by April 1, 2018 to:

Jeff Thatcher
jthatcher@arkansasstatechamber.com
6 Evergreen Court
Little Rock, AR 72227
501-210-4205