



Wisconsin Department of Public Instruction  
**PRECOLLEGE SCHOLARSHIP APPLICATION**  
PI-1573 (Rev. 08-2020)

Mail Application to:

College Applying To

Precollege Program Name

**INSTRUCTIONS FOR COLLEGE USE ONLY**

*Enter name and address of college or institution in space above.*

**You may receive a maximum of three DPI Precollege Scholarships per year.**

**STUDENT / PARENT INSTRUCTIONS:** Student must be eligible for Free or Reduced Price School Meals, and must have finished fifth grade, but not have graduated from high school to receive a DPI Precollege Scholarship.

Fill out **Section I—Student Information completely**. Parent/guardian must sign in the space provided. Give this form to your principal or food services authorized representative at **your school** for completion of **Section II**. Once the signature is acquired through your middle or high school, mail the completed scholarship application **to the college or university** that is offering the precollege program.

**I. STUDENT INFORMATION**

Name Last	First	Middle Initial		
Street Address		City	State	Zip
Phone Number Area Code/No.	Email	Date of Birth Mo./Day/Yr.	Gender	
		<input type="checkbox"/> Male <input type="checkbox"/> Female		

**Check only one (For Statistical Purposes Only)**

Hispanic or Latino  Not Hispanic or Latino

**Check all that apply. (For Statistical Purposes Only)**

American Indian or Alaska Native  Asian  Black or African-American  Native Hawaiian/Other Pacific Islander  White

Current Grade Level	Anticipated Year of High School Graduation
<input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	

School Presently Attending	School District Name	No. of Prior Precollege Scholarships Received This Year
----------------------------	----------------------	---

**I HEREBY AUTHORIZE** release of my child's verification of Free or Reduced Price School Meals eligibility to the Precollege Campus and DPI.

Signature of Parent/Guardian Date Signed Mo./Day/Yr.

➤

**II. VERIFICATION AND RECOMMENDATION**

**Instructions to the Principal, Food Services Authorized Representative, or DPI/WEOP Staff Member**

Verify that this student is eligible for Free or Reduced Price School Meals and forward this application form to the college or university where the student has applied for admission to a DPI Precollege Program.

Is this student eligible for Free or Reduced Price School Meals?  Yes  No

**I HAVE VERIFIED that this student is eligible for Free or Reduced Price School Meals and I recommend this student for a DPI Precollege Scholarship.**

Name of Authorized Representative	Title	Telephone Area/No.
Verification Signature	Date Signed Mo./Day/Yr.	

➤