



## 2026 Scholarship Application Form

### Submission Instructions:

*Please submit your completed application form along with your essay responses and any additional documentation to the DMAC Impact Foundation by the deadline below.*

### Mailing Address:

PO Box 916  
Lake Ozark, MO 65049

### Email Address for Electronic Submissions:

admin@dmacimpact.org  
Application Deadline: June 13, 2026

### Personal Information:

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

Street Address: \_\_\_\_\_

[City, State, ZIP Code]

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Education Information:

High School Name: \_\_\_\_\_

High School Graduation Date: \_\_\_\_\_

Current GPA: \_\_\_\_\_

Intended College/University: \_\_\_\_\_

Intended Major/Field of Study: \_\_\_\_\_

### Extracurricular Activities and Achievements:

Please list any extracurricular activities, clubs, or organizations you have been involved in, as well as any notable achievements or awards you have received. Use additional sheets if necessary.

- Activity/Award: \_\_\_\_\_  
Role/Position: \_\_\_\_\_

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Role/Position: \_\_\_\_\_
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Role/Position: \_\_\_\_\_

**Essay Questions:**

Please respond to 2/4 of the following essay questions in a thoughtful and concise manner. Each essay should be no more than 500 words.

- How has your involvement in athletics influenced your personal and academic growth?
- Explain how Crohn’s disease has affected your life and how you have overcome challenges related to Crohn’s disease.
- Explain why you want to enter the mental health field and how you intend to make a difference for individuals with chronic illnesses.
- Describe 2 character traits you feel you encompass that have helped you be resilient and successful.

**References:**

Please provide contact information for two references who can speak to your character, academic abilities, or community involvement.

*Reference 1:*

Name: \_\_\_\_\_  
 Relationship to Applicant: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

*Reference 2:*

Name: \_\_\_\_\_  
 Relationship to Applicant: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

For any questions or inquiries regarding the scholarship application process, please contact the DMAC Impact Foundation at 573-280-5254 or [admin@dmacimpact.org](mailto:admin@dmacimpact.org).

\*For more information on the DMAC Impact Foundation, visit [www.dmacimpact.org](http://www.dmacimpact.org)\*

By signing below, I certify that all information provided in this application is accurate and complete to the best of my knowledge.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_