



Desert Institute Military Scholarship Application

Please fill out the following information about yourself and your military affiliation. Your information will be kept private and will only be used for the purpose of processing your scholarship and maintaining records.

Today's date:

I am interested in taking the class(es) _____ on(date)

Full name:

Phone Number:

E-mail:

Military Affiliation: Please select one.

Branch of Service: Please select one.

Military Base: Please select one.

Unit:

Have you been awarded a scholarship before? Yes No
If so, when?

How did you hear about this scholarship?

Submit this form by e-mailing it to desertinstitute@joshuatree.org.
If you have any questions, please call (760) 367-5539.