



Student Application Form

Please return to Delta College no later than May 5, 2023

Last Name: _____ First Name: _____

Take time writing your responses to the following questions. **One or two sentence answers will not be considered complete responses.** Please attach additional sheets if necessary.

1. What accomplishments in your life are you most proud of and why?

2. What is the most difficult challenge or obstacle you have faced? How did you overcome it?
How did it change your life?

3. Why do you want to be selected as a member of the Possible Dream Program?

4. The application process for the Possible Dream program is very competitive. Considering this, please tell us anything else we should consider when reviewing your application.

Please sign to indicate your commitment to participate in the Possible Dream Program.

Student Signature

Date