

Davidsonville Area Civic Association

Gail Enright Educational Scholarship Application: Academic Year: 2026 - 2027

Name:

Email:

Phone:

Address:

City:

State:

ZIP Code:

Are you or your household a dues-paying resident member of the Davidsonville Area Civic Association?

Yes ___ No ___ If a household membership, indicate the name of the member on the account:

2. Are you related to a member of the Davidsonville Area Civic Association's Board of Directors?

Yes ___ No ___ If yes, provide the name of that person and describe their relationship to you:

Education Information (provide your current transcript)

School Name:

Graduated Month/Year:

Grade Point Average (weighted):

College/University/Trade/Technical school(s) you are or will attend — proof of acceptance or enrollment required:

Indicate your major, focus or program:

Community Involvement (during 2025 and/or 2026)

List the community or volunteer activities in which you have been or are involved, including position(s) held, time involved/hours served, activities, duties, and other relevant information. *(Use and attach additional document/paper if necessary.)*

1. **Personal Statement** The applicant must provide an answer typed (no more than 250 words in total per question) to either A or B and also C or D: (ex: Applicant must answer A&C or A&D, B&C or B&D) *Use additional document/paper if necessary.*

- a. "What do you value about living in Davidsonville and why?"
- b. "If you could change or improve one thing about Davidsonville, what would it be and why?"
- c. "What field of study and/or career are you interested in pursuing and why?"
- d. "Describe a major accomplishment or experience you have had and why it was meaningful to you."

Letter of Recommendation: Provide one letter of recommendation from someone (such as a teacher, school administrator, organization or club leader) who can provide additional information about your scholastic achievements and community involvement. (Letters from family members are not allowed.)

I hereby state the information submitted herewith is true and correct to the best of my knowledge.

Further, by submitting this application, I agree to all stated terms and conditions.

Signature of applicant

Printed name of applicant

Date:

Signature of Parent/ Guardian if the applicant is a minor under age 18:

Date:

Printed name of Parent of Guardian:

Email address: _____ Phone: _____