



THE DOVER FOUNDATION STUDENT SCHOLARSHIP APPLICATION

Student Must be a Dover resident

Name _____
Last First Middle Initial

Date of Birth: _____

Home Address: _____

Email Address: _____

Tel. No.: _____

School of applicant's choice for which scholarship is requested:

Name: _____

Address: _____

Have you been accepted? _____

What other scholarship aid have you received for the upcoming school year
List Federal, State and Other:

Employment during high school and summers (include upcoming summer):

Employer Name	Position	Dates	Approx. Earnings
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

THE DOVER FOUNDATION STUDENT SCHOLARSHIP APPLICATION (CONT.)

Estimate how much you will be able to contribute toward your college expenses from your own earnings: _____

Please detail your community service throughout your high school years, including the approximate number of hours spent in each activity:

Please write a letter stating why you feel you are qualified to receive a Dover Foundation scholarship. You may include any or all of the following: statement of interests, aspirations, activities, special talents, awards, etc. Although not a requirement, we encourage you to include a description of any work you have done in the performing arts.

Date _____ Student's Printed Name: _____

Student's Signature _____

SUBMIT TO:

Chair, The Dover Foundation Scholarship Committee
Box 69, Dover, MA 02030

Or

via email to: kassywhiteksw@gmail.com