

# THE DOVER FOUNDATION

## STUDENT SCHOLARSHIP APPLICATION

Student Must be a Dover resident



Applicant's Name (First, Middle Initial, Last):

Applicant's Date of Birth:

Applicant's Home Address:

Applicant's Email Address:

Applicant's Cell Number:

School of applicant's choice for which scholarship is requested (Name and Address):

Have you been accepted? (yes or no)

Anticipated Area of Study/Major?

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. Monthly Earnings
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Estimate how much you will be able contribute toward your first year of 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:

# THE DOVER FOUNDATION STUDENT SCHOLARSHIP APPLICATION (CONT.)

Student Must be a Dover resident



Student's Name:

Today's Date:

In the space below, please write why 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.

Student's Signature: \_\_\_\_\_

SUBMIT TO:

The Dover Foundation Scholarship, PO 69, Dover, MA 02030

Or

email to: [applications@thedoverfoundation.org](mailto:applications@thedoverfoundation.org)

Please submit this form with the Parent(s) or Guardian(s) Confidential Statement.