

THE DOVER FOUNDATION STUDENT SCHOLARSHIP APPLICATION

Student Must be a Dover resident

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Name _____
Last First Middle

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 (list Federal, State and Other):

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

Employer	Position	Dates From-To	Approximate Earnings
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THE
DOVER
FOUNDATION

THE DOVER FOUNDATION STUDENT SCHOLARSHIP APPLICATION (CONT.)

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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