



Scholarship Contributors: Dean Dagg Memorial Scholarship
Eldon Lambotte Scholarship

Scholarship Information

The Dover Community Foundation is making available a limited number of scholarships for the 2008-2009 academic year.

Eligibility Criteria: High School Graduate with ties to the Dover community who will be entering any accredited college, university, community college, or technical school in the Fall of 2008 may apply. Previous Dover Community Foundation scholarship recipients may reapply.

Application Process: Complete the application and obtain the required copy of your transcript and letters of recommendation. Send to the Dover Community Foundation by April 1, 2008. Scholarship recipients will be determined and notified on or around May 1, 2008.

Disbursement: The disbursements will be paid in two level installments – the first in the fall semester and the second in the spring semester – if all eligibility requirements are met. Eligibility requirements include proof of enrollment for the first semester and proof of enrollment plus proof of GPA in the second semester. Recipients are required to maintain at least a 2.5 GPA or equivalent in the first semester in order to receive the second semester installment. Funds will be distributed directly to the school and co-payable to the student.

Scholarship Application Dover Community Foundation

P.O. Box 14
Dover, Kansas 66420

General Student Information

Name _____
Last First Middle

Address _____

Telephone _____ Email _____

Social Security # _____ Date of Birth _____ Sex _____

Names of Parents _____

Education

Currently attending high school? Yes ___ No ___ If yes, expected date of graduation _____
If no, date graduated _____

Name of high school _____ City/State _____

List all other elementary, middle and high schools and the grades you attended each.

Currently attending college? Yes ___ No ___ If yes, expected date of graduation _____

Name of college attending _____

Financial Information

Annual Adjusted Gross Income as it appears on you or your parent's previous year income tax form:

- **Line 4 if you filed a Form 1040EZ; Line 21 if you filed a Form 1040A ; Line 37 if you filed a Form 1040**

Check the category that applies _____ under \$30,000.00
_____ \$30,000 – \$50,000
_____ \$50,000 – \$70,000
_____ \$70,000 – \$90,000
_____ over \$90,000

Number of members in you or your parent's household: _____

How will this scholarship benefit you (continued)?

I certify that this information is accurate. I will notify DCF of any change in my status. If I am awarded a scholarship, I give permission for my name to be released. I will furnish proof of enrollment each semester and a copy of my first semester grades.

Signature _____ Date _____

Applications must be received by April 1st. Send to the Dover Community Foundation: PO Box 14, Dover, KS 66420. With this application you must include:

- 1. High school transcript with GPA (also send college transcript if you have college credits.)*
- 2. A letter of recommendation from two of the following:*
 - High School principal*
 - School counselor/college advisor*
 - Teacher*
 - Employer*