

## MEMORIAL COMMITTEE SCHOLARSHIP APPLICATION

Please complete this form completely and accurately, attaching a copy of your high school transcripts. In addition, three letters of recommendation highlighting your character and achievements are required. Two letters might be submitted from your guidance counselor(s), teacher(s) or employer and the third letter of support from a DUC member. The completed application should be sent to the Dennis Union Church office, attention Memorial Committee Scholarships by March 15. If you have any questions regarding the process of submission, please contact the Pastor or Church School Director for additional information.

Name	Birthdate				
Address	Telephone Number				
Email Address					
School Currently Attending					
Name of Parent or Guardian					
Address	Occupation				
Name of Parent or Guardian					
Address	Occupation				
Siblings (list eldest first, include	ling self)				
Name	Age		Y/N	Y/N	
1					
2					
3.   4.					
	wo	RK EXPERIENCE			
Where have you worked?					
What did you do?					
Did you volunteer: Yes	No	Were you paid?	Yes	No	
Length of time employed?				<del>-</del>	

List your school	and community activi	ities:	
List all honors ar	nd awards you have re	eceived:	
What are your fu	ture aspirations?		
List all scholarsh	ips, grants and financ	cial aid you have been awarded, includin	ng amounts:
Estimate your co	sts for the following a	academic year:	
Tuition	\$		
Room/Board	\$ \$ \$	<del></del>	
Other	\$	<del></del>	
		n you would like to include that would ag award decisions, please include below	
Parent Signature	?	Student Signature	 Date