

Dunstable Resident
2008

Deadline Date: Postmarked on or before April 4,

Application #1

**DUNSTABLE YOUTH ATHLETIC ASSOCIATION
SCHOLARSHIP APPLICATION**

CRITERIA: *Senior, college bound, Dunstable resident who played through the organization.
Attach a copy of your transcript.*

Student Name: _____ Birth Date: _____
Mothers Name: _____ Fathers Name: _____
Street Address: _____ Town: _____ Phone: (978) _____

FAMILY DATA

Father Employed? Yes / No Company: _____ Position: _____
Mother Employed? Yes/ No Company: _____ Position: _____
Number of Siblings: Older ___ Younger: ___ Are any attending college or private school? Yes/No
Names of schools attending: _____

EDUCATIONAL PLANS

What college or school are you planning to attend? _____
This is a One ___ Two ___ Three ___ Four ___ year program.
What is your intended major area of study? _____
What is the cost per year? Tuition \$ _____ Room & Board \$ _____
Books \$ _____ Activities & Lab Fees \$ _____
If you plan to commute, please give an estimate of expenses for the academic year. \$ _____

FINANCIAL INFORMATION

Are you employed? Yes/No Where: _____ Length of employment: _____
Did you save money towards your college expenses? Yes/No Amt. Saved \$ _____
How much can your family contribute to your expenses? \$ _____
Have you been notified of any financial aid? _____ if **Yes**, please list below.
Loans \$ _____ BEOG \$ _____ Scholarships \$ _____
Work Study \$ _____ State Scholarship \$ _____ Other \$ _____

Dunstable Youth Athletic Association

School and Community Service: Submit a list or statement of any additional activities or services that does not appear on your transcript.

Special Circumstances: Please indicate in this space any unusual circumstances that the scholarship committee should be aware of, e.g. illness or death in the family, unemployment or seasonal employment, unexpected expenses, etc. If none, leave this space blank.

Comments: State briefly your reasons for wanting to further your education. Attach additional paper if necessary.

Student Signature: _____

Please submit your application to:

**Mr. David Ierardi
Scholarship Application
39 Skytop Lane
Dunstable, MA 01827**