

Barbara Gula
Chairman



Dave Roberts
Vice Chairman

**Town of Dedham Scholarship Committee
450 Washington Street, Dedham, MA 02026**

Town of Dedham Scholarship Application

Personal and Academic Information (Please print or type)

Name of Applicant: _____

Phone: _____

Home Address: _____

**School Currently
Attending:** _____

Social Security Number: _____

**SAT (or other
standardized test) scores:** **Verbal:** _____ **Math:** _____

Cumulative GPA: _____ **out of** _____ **possible points** _____

**Class Rank (if
applicable):** _____ **out of** _____ **total students** _____

Please place a check mark next to your class rank, based on percentile:

- Top 10%ile
- 10-25%ile
- 25-50%ile
- Over 50%ile

Please place a check mark next to your family's combined income before taxes:

- Under \$25,000
- \$25,000-\$50,000
- \$50,001-\$75,000
- Over \$75,000

**Indicate which school you plan to attend
this fall:** _____

Have you been accepted? _____

Approximate cost for 1 year: _____

Family Information*	With whom you live (✓)	Age	Occupation	School Currently Attending	Year in School
Mother					
Father					
Sibling #1					
Sibling #2					
Sibling #3					
Sibling #4					
*Please indicate here if either parent is deceased:					

List your work or volunteer experience:

Job Title	Name of Employer	Dates of Employment

List any significant extracurricular activities and leadership roles:

Activity	Hours per week	Dates

Additional Requirements:

1. Applicant must be a Dedham Resident.
2. Attach a copy of your most current transcript.
3. Personal Statement: Briefly describe why are you applying for this scholarship. Please indicate your educational and career goals. Highlight any supplementary information or special circumstances that indicate your particular worthiness for scholarship aid.

COMPLETED APPLICATIONS MUST BE RECEIVED ON OR BEFORE: MAY 22, 2023

Send to: Town of Dedham Scholarship Committee
Dedham Town Hall
450 Washington Street
Dedham, MA 02026

If you are selected to receive scholarship aid from the Town of Dedham Scholarship Committee, you will be required to submit proof of admittance or matriculation. Scholarship recipients must use the award within one year of notification.

I hereby affirm that statements made in this application are accurate to the best of my knowledge and ability.

Signature of Applicant: _____

Date: _____

<i>For Scholarship Committee Use</i> Received by: _____ Date: _____
