

## Dover Community Foundation

Box 14, Dover, KS 66420

An affiliate of the Greater Manhattan Community Foundation (EIN #48-1215574)



2018/19

**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 2018 – 2019 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 2018 may apply. Previous Dover Community Foundation scholarship recipients may reapply. All other criteria being equal, in making scholarship awards, the scholarship committee gives consideration to financial need, academic performance, and/or community and school activities.

**Application Process:** Complete the application and obtain the required copy of your transcript(s) and letters of recommendation. *\*If you are reapplying and have previously provided a high school transcript, you do not need to provide one again.* **To be eligible for consideration application must be postmarked by March 30, 2018.** Scholarship recipients will be determined and notified on or around May 11, 2018.

**Disbursement:** The disbursement will be paid in the Fall semester if all eligibility requirements are met. Eligibility requirements include proof of enrollment and the Scholarship Recipient Information Form. Checks will be made payable directly to the school. The student will receive notification when the check is mailed.

**Questions:** If you have questions please contact Cole Rutledge at (785)289-0038 or [crutledge@wildcatfeeds.com](mailto:crutledge@wildcatfeeds.com) .

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## Scholarship Application

### General Student Information

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Names of Parents/Guardians \_\_\_\_\_  
\_\_\_\_\_

### 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: \_\_\_\_\_



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How will this scholarship benefit you?

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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 \_\_\_\_\_

The DCF may publish recipient names in various media. May we have your permission to publish your name?  
\_\_\_ Yes \_\_\_ No

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*Applications must be received by March 30<sup>th</sup>, 2018. 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.)*
  - *If you are reapplying and have previously provided a high school transcript, you do not need to provide one again.*
  
2. *A letter of recommendation from one of the following:*
  - *High School principal*
  - *School counselor/college advisor*
  - *Teacher*
  - *Employer*