

Barbara Gula  
Chairman



Davis 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:** \_\_\_\_\_

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

**List your work or volunteer experience:**

<b>Job Title</b>	<b>Name of Employer</b>	<b>Dates of Employment</b>

**List any significant extracurricular activities and leadership roles:**

<b>Activity</b>	<b>Hours per week</b>	<b>Dates</b>

**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 14, 2021**

**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: _____
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