

Town Of Durham Scholarship Application

630 Hallowell Road Durham, Maine 04222

Incorporated 1789

Application Number:		
(For Office	Use	Only)

www.durhamme.com Tel: 207-353-2561

Fax: 207-353-5367

APPLICANT INFORMATION: Section 1. Personal Information		
First Name:	Last Name:	
Home Address:		
Mailing Address:		
Date of Birth:		
Cell Phone:	Home Phone:	_
Email Address:		
Parental/Guardian Information (if applicable)) :	
Parent(s) Name:		
Parent(s) Email:		
Parent(s) Cell Phone:		
I certify that this information is comple information to confirm and verify this app scholarship, it will be released after succe grant unto the Town of Durham, Maine	RELEASE AUTHORIZATION ete and accurate. I authorize the release of this plication. In understand that if I am awarded the essful completion of my first semester. I further the right to use my name and/or photograph in his Scholarship Program.	
Signature of Applicant	 Date	

Application Nu	mber:
	(For Office Use Only)

NI CIII: -1- C -11.			
Name of High School:			
High School Graduation: Mor	nth:	Year:	
High School Rank:	out of	GPA:	
SAT/ACT Scores:		_	
Post-Secondary School:			
Anticipated Major(s):			
		ırricular activities (e.g. membership	
organizations, sports, e	tc.):		os ir
Organization Involved	,	Date of Involvement	os ir
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Brief description of your responsibilities:

Application Nun	nber:
	(For Office Use Only)

\mathbf{R}	List and briefly	v describe v	volunteer	activities	in which	vou have	heen invo	lved
D.	List and offerr	y describe v	voiumeer	activities	III WIIICII	you nave	Deen mvo	iveu.

Organization	Activity	Date of Involvement

Brief description of how you participated:

C. List honors or academic awards you have received (e.g. scholarly activities, research, etc.):

Award/Honor	Institution/Organization	Date

Application Nu	mber:
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D. List and briefly describe any work experience:

Position	Employer	Dates of Employment

Brief description of your work responsibilities:

Section 4 – Short Essays:

A. What is the purpose of post-secondary education and how will it benefit you?

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В.	Why should you be chosen to receive the Durham Community Scholarship?

C. How will you be financing your college education and how will a scholarship impact

D. Is there any other information that we should know about you? This is your opportunity to include information that is not contained in other areas of the application. Please be

your plans?

specific.

Submitting your application:

Please submit the following to be considered for the Durham Community Scholarship:

- 1. Completed application form
- 2. Up to two (2) letters of recommendation from your teachers, counselor or community leaders
- 3. Copy of the applicant's high school transcript
- 4. Copy of SAT/ACT scores
- 5. Letter of acceptance to accredited academic, vocational, professional or technical school, college or university (if available)

This application is due on March 7, 2024 before 5:00 p.m.

Return application to:

Town of Durham Scholarship Application 630 Hallowell Road Durham, ME 04222

Please direct any questions to:

Kendra O'Connell peaksi1@comcast.net

Your request for a scholarship becomes valid ONLY when the application and all supporting documents are submitted.