

MEMORIAL COMMITTEE SCHOLARSHIP APPLICATION

Please complete this form <u>completely</u> and accurately, attaching a copy of your high school transcript. In addition, three letters of recommendation highlighting your character and achievements are required. Two letters can be submitted from your guidance counselor, teacher(s), or employer; the third letter of support should be from a DUC member. Please **send the completed application to the Dennis Union Church office, attention: Memorial Committee, by April 15th**. If you have any questions regarding the process of submission, please contact Jane Wilson, Office Administrator and she will connect you with the Memorial Committee for additional information.

	n, please c	ontact Jane Wilson, Of nal information.	fice Administrator and sh	ny questions regarding the ne will connect you with the
		YOU		
Name:			Birthdate:	
Address:			Cell Number:	
Email Address:				
High School:				
Guidance Counselor:			Email Address:	
		PARENTS/GI	JARDIANS	
Name Address			Occupation	
1.				
2.				
3.				
		SIBLIN	NGS	
Please list eldest first	, including	yourself.		
Name	Age	Year in School	In College? (Y/N)	Working? (Y/N)
1.				
2.				
3.				
		WORK EVE	FRIENCE	
Where have you wor	kad2	WORK EXP	EKIENCE	
Job/Company	KCU:	Responsibilities		Length of employment?
1.		Responsibilities		Length of employment:
2.				
3.				
3.				
		VOLUNTEER E	XPERIENCE	
In what ways have yo	ou volunte	ered during your high s	school years?	
Organization		Responsibilities		Grade in School
1.				
2.				
3.				

713 Main Street (Route 6A) – PO Box 2020 Dennis, Massachusetts 02638 508-385-3543 Officer Administrator: office@duchurch.org www.duchurch.org

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