

Dorchester General Hospital Foundation, Inc.

P.O. Box 101 • Cambridge, MD 21613

Scholarship Renewal Application

Return to address above

NAME: _____

(First name, Middle Initial and Last Name)

Address: _____

Phone: _____ Email _____ Date of Birth _____

College or University Attending _____

Student ID # _____

A condition of your scholarship is that you maintain a "B" average or 3.0 GPA

Are you changing or have you changed Majors? Yes _____ No _____ If yes what is your new Major? _____

A copy of your school transcript must be provided in a sealed school envelope.

Are you self-supporting your schooling costs? Yes _____ No _____

If no who is contributing to your support?

Have you applied for other financial assistance such as Grant, Scholarship or Work Study?

Yes _____ No _____

If Yes, please describe source, amount and period of time for which you will receive each type of financial aid.

Have you received any HONORS/AWARDS? _____

Have you performed any COMMUNITY SERVICE or any OUTSIDE LEARNING EXPERIENCES? _____

IMPORTANT STUDENT STATEMENT:

I agree that this application has been completed by the student requesting the scholarship and that it is truthful and accurate. I understand that this application will remain the property of the Dorchester General Hospital Foundation, Inc., Grant Committee for the period of time necessary to review and decide the awards.

STUDENT APPLICANT

Sign _____ DATE: _____

PLEASE PRINT NAME: _____

3/27/2024