



Diane K. Kline Memorial Scholarship Fund
P.O. Box 526 Center Harbor, NH 03226

Scholarship Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address and P.O. Box (if applicable) Apartment/Unit #

Town/City State ZIP Code

Phone: _____ Email: _____

Gender: Male Female Date of Birth: _____

Are you a citizen of the United States? YES NO

Have you applied for this scholarship in the past? YES NO If yes, when? _____

Scholarship Amount Requested (max \$1000): \$ _____

Education

Elementary School: _____ Address: _____

From: _____ To: _____

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please attach at least two (2) written recommendations. These may be from teachers, guidance counselors, former employers or others.

Academic Reference: _____ Relationship: _____

Address: _____ Phone: _____

Personal Reference: _____ Relationship: _____

Address: _____ Phone: _____

Previous Work Experience (if any)

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____

May we contact your previous supervisor for a reference? YES NO

Military Service (if applicable)

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, please explain: _____

Required Attachments

- Copy of your most recent transcript or report card
- Letters of recommendation (Details listed in "References" Section listed above)
- Personal Statement
 - A typewritten personal statement of no more than 250 words that includes the following:
 1. Aspirations
 2. Name of institution to which scholarship will be submitted
 3. Intended area(s) of study
 4. Other considerations you want the scholarship committee to review
- Snapshot Sheet (template provided on page 4 of this application)
 - The purpose of this is to help give the DKKMSF Board of Directors and Selection Committee a snapshot of who you are, your goals, interests and accomplishments.

Disclaimer and Signature

I confirm that I have given complete and true information. I understand that applications received after the deadline for the academic year will not be considered for an award. I am a permanent resident who has attended or is attending a school in SAU 2 or SAU 45 (Center Harbor, Meredith, Sandwich, Ashland, Moultonborough). I understand that all scholarship awards will be made to programs/schools and not to individuals unless the Board of Directors deems it necessary.

Applicant Signature: _____ Date: _____

(Parent signature if the applicant is under the age of 18)

Parent Signature: _____ Date: _____

OFFICIAL DKKMSF USE ONLY (do not write in gray box below)

Date Application Received:	_____
Date Application Approved:	_____
Approved Amount:	\$ _____
Notes for Selection Committee use:	_____

SNAPSHOT (please type)

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address and P.O. Box (if applicable) Apartment/Unit #

Town/City State ZIP Code

Phone: _____ Email: _____

Descriptive adjectives of the kind of person you are: _____

Goal: _____

GPA: _____ ACT/SAT: _____

Special Awards and Recognitions: *(Please list together with the date received)*

Activities and Clubs: *(Please list together with the date you participated)*

Sports and Athletic Activities: *(Please list together with the date you participated)*

Community Service and Volunteerism: *(Please list together with the date you participated)*

Hobbies and Interests: _____

