



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

### Grant 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

Grant Amount Requested (max \$500): \_\_\_\_\_

Have you applied for this grant in the past? YES  NO  If yes, when? \_\_\_\_\_

#### School Details

Name of School: \_\_\_\_\_  
\_\_\_\_\_

School Address: \_\_\_\_\_  
*Street Address and P.O. Box (if applicable) Unit #*

\_\_\_\_\_  
*Town/City State ZIP Code*

Subject(s) Area Certification:



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

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