

DENNIS O'DOWD
SCHOLARSHIP
APPLICATION FORM

The information requested in this application form will help to determine your qualifications for a college scholarship. Therefore, it is to your advantage to give as complete and accurate answers as possible to all questions.

Your answers will be seen only by authorized persons who are concerned with this scholarship program and will be held in confidence by them.

INFORMATION ABOUT YOU:

Name _____
(Last) (First) (Middle)

Permanent home address _____
(Number and Street) (City) (Street and Zip Code)

Permanent address (if different from above) _____

Date of Birth _____ Place of Birth _____
(Month) (Date) (Year) (City) (State)

Sex: Male Female Citizenship: U.S. Other _____
(Specify)

INFORMATION ABOUT YOUR FAMILY:

Father's name _____ Is he living? _____

His address _____

What is his occupation? _____ Social Security # _____

By whom is he employed? _____

Mother's name _____ Is she living? _____

Her address _____

What is her occupation? _____ Social Security # _____

By whom is she employed? _____
(If she is a housewife, leave blank)

Number of brothers: _____ Ages: _____ Number of sisters: _____ Ages: _____

Name of individual who supports you: _____

If you have listed someone other than your father or mother, please answer these questions:

Address: _____

Relationship to you: _____

Occupation: _____ Employer: _____

Have you applied for any other scholarship? _____

Have you been offered a scholarship from any college, etc. - if so, have you accepted, and at what financial value? _____

Will you receive any assistance from the Federal or State Government? If so, where, what type and amount. _____

List those colleges you are interested in attending in order of your preference.	Check if you have applied for admission	Check if you have been accepted

YOUR ACTIVITIES:

List your favorite hobbies and recreational activities. _____

YOUR PLANS FOR THE FUTURE

Indicate how you intend to finance your college education. Use approximate percentages.

Family _____ Personal Savings _____ Scholarship _____ Loans _____

What is your interest in education? How was this interest aroused? _____

Please tell us about the life you hope to lead 20 or 25 years from now – what sort of work you would like to be doing, what your home life should be, what interests and activities you expect will be paramount in your life at the time.

By submitting this application I authorize my high school principal to make available to the Scholarship Committee, Dennis O’Dowd Scholarship Program, information concerning my academic record and class rank.

Date _____ Signature _____

When completed, please **PRINT this application form; and provide it along with the SECONDARY SCHOOL REPORT to your principal or guidance counselor** who will forward it to the Dennis O’Dowd Scholarship Committee At:

Dennis O’Dowd Scholarship Committee
25150 Trans X Dr., P.O. Box 965
Novi, MI 48376-0965