



THE DOROTHY BAKER MEMORIAL SCHOLARSHIP FUND FOR HIGHER EDUCATION

APPLICATION

The Dorothy Baker Memorial Scholarship Fund for Higher Education is awarded annually for personal merit, academic achievement, and financial need and demonstrated interest in continuing education.

SECTION I - Personal Information and Interests

Name (last) _____ (first) _____ (initial) _____

Address _____

City/State/Zip _____

Phone (Home) _____ Email: _____

Age _____ Date of Birth _____

U.S.Citizen? YES () NO () or permanent resident? YES () NO ()

I presently attend:

Name of School: _____

I will attend the following college or university: _____

City _____ State _____ Zip: _____

Phone (School) _____

I belong to a _____ Club: Yes () No () Name of Club's Faculty Advisor: _____

I plan to receive a: Associates () Bachelors () degree majoring in: _____

What is your career goal? _____



SECTION II - Academic Record and Achievements

What is your current GPA (please include transcript): _____

List any academic honors you have received:

List any office or other leadership positions you have held:

List other extra-curricular activities in which you have participated:

(Supporting documentation may be attached to the application if needed)

SECTION III - Relevant Work Experience: (List most recent work experience first)

Company #1 _____

Position _____

Address _____

Type of Business _____

Hours per week _____



Supervisor _____

Dates of employment

From: Mon. _____ Yr. _____ To: Mon. _____ Yr. _____

Company #2 _____

Position _____

Address _____

Type of Business _____

Hours per week _____

Supervisor _____

Dates of employment

From: Mon. _____ Yr. _____ To: Mon. _____ Yr. _____

SECTION IV: STUDENT'S INCOME AND EXPENSES FOR ONE SCHOOL YEAR

List income that you are reasonably certain you will receive. Do not include financial aid for which you are applying.

INCOME

From scholarships,
fellowships or tuition

From your savings
or investments

Earnings during
school year

Earnings during
summer

Financial aid from
parents

Other funds

TOTAL

EXPENSES

Tuition/fees/books/supplies

Room and board at school

Rent/food/utilities off campus

Transportation



If you are self-supporting and your parents do not claim you as an exemption on their federal income tax, indicate specifically your source of income:

If your parents claim you as an exemption, are they also supporting other children? List brothers' and sisters' ages

SECTION V: Please write an essay, no more than 500 words, explaining your interest in your career of choice. (Please attach essay to this document.)

To the best of my knowledge, I have provided Labor of Love Association complete and accurate information concerning the questions on this application. I agree to report any factor, which could affect consideration of my application. I understand that failure to provide true and complete information could mean withdrawal of all financial assistance and return of all expended funds. I understand that failure to complete the full academic year for which application is made will mean withdrawal of all financial assistance and a return of expended funds.

Signature of Applicant _____

Print Name _____

Social Security number _____

Date _____