

# Town Of Durham Scholarship Application

630 Hallowell Road Durham, Maine 04222

**Incorporated 1789** 

<b>Application Number:</b>		
(For Office	Use	Only)

www.durhammaine.gov

Tel: 207-353-2561 Fax: 207-353-5367

First Name:	Last Name:
First Name:	Last Name:
Home Address:	
Mailing Address:	
Date of Birth:	-
Cell Phone:	Home Phone:
Email Address:	
Parental/Guardian Information (if applicab	ole):
Parent(s) Name:	
Parent(s) Email:	
Parent(s) Cell Phone:	
CERTIFICATION AN	ND RELEASE AUTHORIZATION
information to confirm and verify this scholarship, it will be released after sugrant unto the Town of Durham, Man	application. In understand that if I am awarded the accessful completion of my first semester. I further ine the right to use my name and/or photograph in this Scholarship Program.
Signature of Applicant	

	(For Office Use Only)
Section 2. Academic Information	
Name of High School:	
High School Graduation: Month:	Year:
High School Rank: out of	GPA:

Application Number:

Anticipated Major(s):

**Section 3. Activities and Interests:** 

SAT/ACT Scores:

A. List and briefly describe your high school extracurricular activities (e.g. memberships in organizations, sports, etc.):

Organization Involved	Position Held	Date of Involvement

Brief description of your responsibilities:

Application Nun	nber:
	(For Office Use Only)

$\mathbf{R}$	List and briefly	v describe	volunteer	activities in	which	vou have	heen invo	lved
D.	List and offerr	y describe	voiunteer	activities if	1 WIIICII	you nave	deen mvo	iveu.

Organization	Activity	Date of Involvement

Brief description of how you participated:

C. List honors or academic awards you have received (e.g. scholarly activities, research, etc.):

Award/Honor	Institution/Organization	Date

Application Nu	mber:
	(For Office Use Only)

D. List and briefly describe any work experience:

Position	Employer	Dates of Employment

Brief description of your work responsibilities:

## **Section 4 – Short Essays:**

A. What is the purpose of post-secondary education and how will it benefit you?

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B.	Why should you be chosen to receive the Durham Community Scholarship?
C.	How will you be financing your college education and how will a scholarship impact your plans?
D.	Is there any other information that we should know about you? This is your opportunity to include information that is not contained in other areas of the application. Please be specific.

### **Submitting your application:**

Please submit the following to be considered for the Durham Community Scholarship:

- 1. Completed application form
- 2. Up to two (2) letters of recommendation from your teachers, counselor or community leaders
- 3. Copy of the applicant's high school transcript
- 4. Copy of SAT/ACT scores
- 5. Letter of acceptance to accredited academic, vocational, professional or technical school, college or university (if available)

This application is due on March 6, 2025 before 5:00 p.m.

#### **Return application to:**

Town of Durham Scholarship Application 630 Hallowell Road Durham, ME 04222

#### Please direct any questions to:

Kendra O'Connell peaksi1@comcast.net

Your request for a scholarship becomes valid ONLY when the application and all supporting documents are submitted.