

LESTER L. DAHMS MEMORIAL FOUNDATION
SPONSOR OF THE
DAHMS-BIERBAUM WORKSHOP

STUDENT SCHOLARSHIP APPLICATION

Completing every item on this application is important. Please type or print legibly.

APPLICANT INFORMATION

Name _____

Address _____

City, State/Province, Postal Code _____

Mobile Phone _____

E-mail _____

EMERGENCY CONTACT INFORMATION

Please provide at least one contact person in the event of an emergency.

Name(s) _____

Street address () Same as above OR () _____

City, State/Province, Postal Code _____

Contact Number(s) _____

COLLEGE OR UNIVERSITY INFORMATION

Please provide information on your current academic studies

Name of College or University _____

Current Degree Program _____

Graduation Date _____

APPLICATION PROCESS

Attach the following documents to this completed application:

- Two letters of reference
- Photo ID showing that you will be 18 years old on or before November 1
- Documentation showing full-time enrollment at the college or university listed
- Copy of your resume
- Answers to the questions below, on a separate page(s) with your name visible on the top of the page(s):
 1. Why do you want to attend this workshop?
 2. How will you use the knowledge gained in this workshop?
 3. Describe your parliamentary experience, activities, or other engagement.

REVIEW

I, (print name) _____, declare that my answers to all the above information is true and that if I am awarded this scholarship, I agree to abide by the provisions explained here. I understand that if I do not participate in all sections of the program, or if I arrive late or leave early, I am financially responsible for the cost of my room and transportation costs.

Signature _____

Date _____

Return completed form and documents by postal mail or electronically by **1 October 2023** to:

Kendra M. O'Toole, PRP
Dahms Memorial Foundation
Scholarship Committee Chairman
5 Callow Street
Carver, MA 02330

Phone: 781.803.7273
Email: Kendraotoole@gmail.com