

**THE DOROTHY VAILL MEMORIAL FUND  
APPLICATION FORM for WOMEN**

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**Undergraduate College Education, Professional School  
or Job/Technical Training**

**Applicant's Personal Information: (Please Print)**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

School attending now (if applicable) \_\_\_\_\_

Please indicate: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Highest Level of Education Completed \_\_\_\_\_

**II. Professional Recommendation:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

**III. Financial Information:**

Number of Adults in Household \_\_\_\_\_ Employed \_\_\_\_\_

Total Household Income \_\_\_\_\_

**Please provide recent W-2 or 1099 IRS form(s) or other sources of income.**

If you are supporting children, list their ages. Also list any others over the age of 18 who are dependent on you for financial support: \_\_\_\_\_

Will your or your household's monthly income change once you begin school?  
Y/N) \_\_\_\_\_

If yes, how will it change? \_\_\_\_\_

**Educational Institution/Job Training:**

Enrolled in or Accepted by

\_\_\_\_\_ Tuition \_\_\_\_\_  
Name of Institution

\_\_\_\_\_ Location

Have you applied for a Dorothy Vaill Memorial Fund grant in the past? \_\_\_\_ Yes \_\_\_\_ No  
Did you receive it? \_\_\_\_ Yes \_\_\_\_ No If "Yes", what was the amount awarded? \_\_\_\_\_  
What other scholarships/grants have you applied for/received?

\_\_\_\_\_ Amount requested/received \_\_\_\_\_

**SIGNATURE of Applicant** \_\_\_\_\_

**SIGNATURE(S) of Parent(s) or Guardian(s)** \_\_\_\_\_  
(Where applicable: e.g., if applicant is not financially independent)

**ADDITIONAL DOCUMENTATION:**

1. Please ask a professional person with whom you are associated to submit a recommendation supporting your grant request. Send this letter with your application in a **signed and sealed envelope**.
2. Applicant must submit a **statement of financial need and other pertinent information** as to why she should be considered for this grant. (no more than 300 words)

**Please check that each item below has been completed and included in the Application Packet.**

- \_\_\_\_ This Application Form (two pages)
- \_\_\_\_ Copy of recent W-2 or 1099 IRS form or other sources of income
- \_\_\_\_ Letter of Recommendation from a professional in a signed and sealed envelope
- \_\_\_\_ Applicant's Statement of not more than 300 words
- \_\_\_\_ Proof of enrollment or acceptance; Proof of acceptance must be sent when received.

In order to allow time for application review, the **complete application package** should be returned and postmarked no later than **February 16, 2021**. Grants will not be awarded for expenses already incurred. **Only dated and signed paper applications** will be accepted.

**MAIL TO: THE DOROTHY VAILL MEMORIAL FUND**  
c/o Holy Union Sisters Milton, MA 02186-0006  
*Awards will be announced mid-April.*