

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

**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) _____

2023 Application

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 15th, 2023**. 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
205 Bedford Street
Fall River, MA 02720

Awards will be announced mid-April.