



UMass

Dartmouth

19-20 Cheryl Whitehead Memorial Scholarship Application

Through this scholarship it is hoped that Cheryl Whitehead’s love of education will resonate to other creative intellectuals with equivalent altruistic desires to “make a difference in our world”. Scholarship recipients will be encouraged to expand their horizons through travel and continuing education.

Eligibility Criteria:

- **Deserving, non-traditional, high school graduate, college student, or anyone who plans to start or continue his/her education in an undergraduate or graduate degree program at UMass Dartmouth**
- **Must be returning to school after a period of absence. Must demonstrate financial need by completing a Free Application for Federal Student Aid by March 1, 2019.**
- **Preference given to female students with financial need.**

Please complete the following.

_____	_____	_____	
Last Name	First Name	Student ID Number	
_____	_____	_____	_____
Permanent Street Address	City	State	Zip
_____	_____	_____	_____
Phone	UMD Major	Admit Term	
_____	_____	_____	
Expected Graduation Term			

The following items must also be included with this application form. Incomplete applications will not be considered.

- Please answer the following questions:
 - Are you beginning college for the first time? YES NO
 - Are you returning to college after an absence? YES NO
 - If YES, indicate the month/year of your last college attendance _____
- An essay on the topic “How Will I Make a Difference in Our World”?

I authorize release of my relevant demographic, academic and financial aid information to the selection committee and/or fund donor. I understand that I must file the 2019-20 Free Application for Federal Student Aid (FAFSA) by March 1, 2019, to be considered for scholarship assistance.

_____	_____	_____
Printed Name	Signature	Date

Please return completed application materials by **March 1, 2019** to the Financial Aid Office, University of Massachusetts Dartmouth, Foster Administration Building Room 105, 285 Old Westport Rd, Dartmouth, MA 02747 or financialaid@umassd.edu

For Office Use Only
Date Received _____ Initials _____
GPA: _____ FAFSA: Y N EFC _____
Complete: Y N Coded: Y N