



John K. & Thirza F. Davenport Foundation
20 North Main Street, South Yarmouth, MA 02664-3143
(508) 398-2293 fax: (508) 760-3640
foundation@davenportrealty.com

Financial Aid Application

Candidates using this application will be considered for limited scholarships in accordance with the needs of the applicants. Scholarships will be granted upon recommendation by the Scholarship Committee of the Davenport Foundation. The Foundation is interested only in graduate and undergraduate education (*undergraduates entering their senior year*) in the theater, music, and the other arts.

Scholarships are granted on a year-to-year basis without commitments for continuous funding.

Board of Trustees

DeWitt P. Davenport

Corporate Trustee

Northern Trust

No application will be considered unless it is completed in full and filed before May 15.

A completed application includes:

- New Applicants:
1. This Financial Aid Application, completed.
 2. Three letters of character reference.
 3. Most recent scholastic transcript.
- Re-Applicants:
1. This Financial Aid Application, completed.
 2. Most recent scholastic transcript.

This application should be completed and mailed to:
John K. & Thirza F. Davenport Foundation
20 North Main Street
South Yarmouth, MA 02664

FINANCIAL AID APPLICATION

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Re-Applicants:

1. This Financial Aid Application, completed;
2. Most recent scholastic transcript.

THIS APPLICATION SHOULD BE COMPLETED AND MAILED TO:

THE JOHN K. & THIRZA F. DAVENPORT FOUNDATION
20 North Main Street, South Yarmouth, MA 02664

IT MUST BE RECEIVED PRIOR TO MAY 15

Financial Aid Application

Name _____ Home Phone _____
Home Address _____ E-Mail _____
Date of Birth _____ Marital Status _____
No. of Children _____ U.S. Citizen? _____
Are you a permanent resident of Barnstable County? _____
Residential status during school year: _____

Three character references (Names and Addresses):

1. _____
2. _____
3. _____

Have each write a letter of recommendation regarding your character, ability and need. The letter should be addressed to the John K. and Thirza F. Davenport Foundation, 20 North Main Street, South Yarmouth, MA 02664.

**It is your responsibility to convey to the writer that the letter of recommendation
Must be received by the Foundation before May 15.**

Schools attended

Name of School	Date of Graduation	Certificate/Diploma Degree	Major
High School: _____	_____	_____	_____
College(s): _____	_____	_____	_____
Graduate: _____	_____	_____	_____
_____	_____	_____	_____

Highest level of study completed as of May 15 this year:

Special honors received from any source: _____

Educational Plans: (list all schools that have accepted you.)

Names & Addresses of Institution	Major/Minor	Expected Date of graduation	Professional Career Plans
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Expenses and resources for education:

Estimated Expenses		Estimated Income	
Tuition and Fees	\$ _____	Amount in Savings	\$ _____
Health Insurance	\$ _____	Assistance from parents, relatives	\$ _____
Books and supplies	\$ _____	Spouse's earnings	\$ _____
Room and meals	\$ _____	Govt. sources for college expenses-	
Laundry	\$ _____	GI Bill	\$ _____
Clothing	\$ _____	Social Security	\$ _____
Personal	\$ _____	Vocational Rehab.	\$ _____
Transportation	\$ _____	Child of Disabled Veteran	\$ _____
Other (explain)	\$ _____	Scholarships	\$ _____
Other	\$ _____	Loans	\$ _____
Other	\$ _____	Other (explain)	\$ _____
TOTAL EXPENSES	\$ _____	TOTAL RESOURCES	\$ _____

Family & Financial Information:

Name	Address	Occupation
Father _____	_____	_____
Mother _____	_____	_____
Guardian _____	_____	_____
Other _____	_____	_____

Names and ages of brothers, sisters, other members of the household:

_____	_____
_____	_____
_____	_____

Describe any other factors that might affect the financial obligations of parents and guardians: _____

Have you received financial aid in the past? _____

If yes, list source, amount, reason and date(s):

I have applied for, or anticipate, financial assistance from (source, amount, reason, date):

I was informed of the Davenport Foundation by:

Other Information

Are you financially independent of your family? _____

Do you own real estate? (describe please) _____

Do you own a motor vehicle? _____ Make: _____

Value \$ _____ Amount of loan, if any \$ _____

Other personal indebtedness:

To Whom Indebted

Address

Amount

Name, address, and relationship, if any, of the person who provides your principal support: _____

Name and address of most recent employer: _____

STATE THE AMOUNT OF MONEY NEEDED FROM THIS FOUNDATION IN ORDER TO CONTINUE YOUR EDUCATION: \$ _____.

Why do you feel that you should be awarded a Foundation grant? (150 words or less)

What contribution do you feel you can make to the arts upon completion of your education? (150 words or less)

Applicant's Statement

I certify that I am in need of financial aid in order to pursue my studies. I will be a full/part time student for the period covered by this request. I understand that the financial aid will be paid directly to the institution for my tuition. If awarded a grant, I will furnish to the Foundation semi-annually a transcript of my grades for the period covered by the grant.

I understand that, if this grant is approved, the Davenport Foundation has reserved the right to cancel all rights and benefits accruing as a result of said grant if irregularities are determined to the sole satisfaction of the Trustees of the Foundation.

I will make every effort to return to the Foundation all amounts awarded to me as soon as I am financially able to do so in order that the Foundation may continue and expand its assistance to others in need of scholarship aid.

Signature

Date

Statement of Parent or Guardian

I have read the foregoing application and hereby attest to its accuracy and to the need for financial assistance.

I have completed and return herewith the statement contained below.

Parent or Guardian

Date

Parent or Guardian---Income and Resources

Income-Annual

Wages, salaries & other compensation	\$ _____
Dividends & interest	\$ _____
Net profit from business	\$ _____
Social Security, veterans' benefits	
Welfare benefits, retirements payments	\$ _____
All other income	\$ _____
TOTAL:	\$ _____

Resources-Value

Home, if owned	\$ _____
Other real estate	\$ _____

Cash, savings & checking accounts	\$ _____
Other investments (stocks, bonds, etc.)	\$ _____
Business, if owned	\$ _____
TOTAL	\$ _____
Debt Outstanding	\$ _____
