



Re: Application for Delaware Cottey College Scholarship – Continuing Student

(Month dd, yyyy)

Dear (name of applicant):

Thank you for requesting this application. The **Delaware Cottey College Scholarship Fund** has been established through voluntary gifts and contributions from Delaware P.E.O. (Philanthropic Educational Organization) chapters and memorial gifts, bequests and accrued interest. We are excited about your continued interest in Cottey College and we look forward to reviewing your application.

In order to be considered for a Delaware Cottey College Scholarship, you must be a resident of Delaware and submit the completed application and a copy of your most recent semester grade report to the Chairman of the DE Cottey College Committee by **February 1st** of the year you will be attending Cottey. If submitted by email, your signature may be typed. In addition, please have a letter of recommendation from one Cottey faculty member sent to the Chairman at the address below. It is important to submit this information in a timely manner and as early as possible. Any additional financial aid you are requesting from Cottey is dependent upon their receipt and confirmation of the amount of this scholarship.

Once received, the DE Cottey College Committee will review all information and determine the eligibility and the amount of the reward. The awarding of this scholarship shall be contingent upon your continued enrollment at Cottey College. All scholarship checks are sent directly to the Financial Aid Department at the school.

Again, thank you and please do not hesitate to contact me if you have any questions.

Sincerely,

Brenda Bouton
Chairman DE Cottey College Committee

197 Meadow Brook Lane, Milford, DE 19963
603-393-1275
bcbouton@aol.com

Delaware Cottey College Scholarship Fund Application Form – Continuing Student

APPLICANT INFORMATION		
Name:		
Date of birth:	Phone:	
Permanent address:		
City:	State:	ZIP Code:
Email:		
Number of siblings:		
Number of family members who will be enrolled in college in the fall, including yourself:		
FATHER'S INFORMATION		
Name:		
Permanent address: (if different from above)		
City:	State:	ZIP Code:
Phone:	Occupation:	Employer:
Email:		
MOTHER'S INFORMATION		
Name:		
Permanent address: (if different from above)		
City:	State:	ZIP Code:
Phone:	Occupation:	Employer:
Email:		
TELL US ABOUT YOUR EXPERIENCE AT COTTEY AND YOUR INTEREST IN CONTINUING THERE.		
WHAT ARE YOUR EDUCATIONAL/PROFESSIONAL GOALS AFTER GRADUATING?		
SIGNATURES		
I verify the information provided on this form is correct. I authorize the information to be used by the Delaware Cottey College Committee.		
Signature of applicant:	Date:	