



## **LILLIAN MULDER DALMAN MEMORIAL SCHOLARSHIP FOR RESTHAVEN EMPLOYEES**

This scholarship was established in memory of Lillian Mulder Dalman who was a lifelong Holland resident, wife, and mother of four. She was a very active member of the community and a great fan of Hope College Basketball. She spent the last 8 years of her life within the Resthaven Care Community and because of the outstanding care she received there, her family chose to begin a scholarship in her honor to assist employees of the Resthaven Care Community who are pursuing a higher education degree. One \$500 scholarship will be awarded this year.

Scholarship applicants will be reviewed according to the following criteria:

- Must be an active Resthaven Care Community employee in good standing for a minimum of 6 months
- Enrollment in a 2 or 4 year accredited college or university
- Prior academic success as measured by either high school or undergraduate GPA
- Recommendation by a supervisor that speaks to the employee's quality of care
- Financial need

Applications are due by **April 1<sup>st</sup>** and must be returned to:

***Community Foundation of the Holland/Zeeland Area***  
***70 West 8th Street, Suite 100***  
***Holland, MI 49423***  
***Phone: 616-396-6590 Fax: 616-396-3573***



## SCHOLARSHIP APPLICATION

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**SCHOLARSHIP NAME:** Lillian Mulder Dalman Memorial Scholarship for Resthaven Employees

### APPLICANT INFORMATION:

Name: \_\_\_\_\_  
Last First Middle

Permanent Address: \_\_\_\_\_  
Street City State Zip

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Social Security #: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_

Current School/College/University: \_\_\_\_\_

### FAMILY INFORMATION (Not necessary to complete if you are over 24 years old):

Name of father/stepfather/guardian: \_\_\_\_\_

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

Fathers Employer \_\_\_\_\_

Name of mother/stepmother/guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Mothers Employer \_\_\_\_\_

Check if applicable: ( ) father deceased ( ) mother deceased

( ) father a college graduate ( ) mother a college graduate

**COLLEGE/UNIVERSITY INFORMATION:**

College you are planning to attend or currently attend: \_\_\_\_\_

Address of college: \_\_\_\_\_

Will you be a full time student? \_\_\_\_\_ Yes \_\_\_\_\_ No If no, # of credits \_\_\_\_\_

Major field of study: \_\_\_\_\_

**COLLEGE COST AND FINANCIAL INFORMATION:**

Have you applied for financial assistance at the school you plan to attend? Yes \_\_\_ No \_\_\_

Have you applied for any other scholarships/grants? (e.g. local organizations) Yes \_\_\_ No \_\_\_

Are you a member of the Resthaven Tuition Forgiveness Program? Yes \_\_\_ No \_\_\_

**If "Yes" list below:**

<b>SOURCE</b>	<b>AMOUNT</b>	<b>GRANTED</b>	<b>PENDING</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Estimated Expenses for 2010-2011  
School Year**

Tuition & Fees \_\_\_\_\_  
 Books & Supplies \_\_\_\_\_  
 Room & Board \_\_\_\_\_  
 Transportation & Personal \_\_\_\_\_  
 Other \_\_\_\_\_

**Resources for 2010-2011 School Year**

From Employment \_\_\_\_\_  
 From Personal Savings \_\_\_\_\_  
 From Parents/Relatives \_\_\_\_\_  
 Scholarships (known) \_\_\_\_\_  
 Other \_\_\_\_\_

**Totals** \_\_\_\_\_

**Total** \_\_\_\_\_

**Activities**

Please use the following charts to list education, community, honors, and work activities.

<b>Education Related Activities</b>	<b>Number of Years</b>	<b>Description</b>
<i>Example: Student Nurses Association</i>	<i>2 years</i>	<i>Peer mentoring and newsletter committee</i>

<b>Community Related Activities</b>	<b>Number of Years</b>	<b>Description</b>

<b>Honors/Awards</b>	<b>Year Received</b>	<b>Description</b>

Work/Internship Experience	Number of Years	Description

**ATTACHMENTS**

1. A copy of your high school transcript if applying for freshman year. All others must include transcript from last year in college.
2. A copy of the applicant’s completed *Free Application for Federal Student Aid Form*, along with the *Student Aid Report* (which coincides with the applicant’s first choice college or university), which indicates your *Expected Family Contribution (EFC)*.
3. Up to two *Letters of Recommendation*, signed by the writer, which include a phone number for which the writer can be reached. *One letter must be from a Resthaven Care Community supervisor.*
4. An essay which answers the question “What are your future goals and how have your work and personal experiences shaped those goals”. The essay should be no more than two pages.
5. Selected recipients will be required to submit a photo for publication purposes.

**DUE DATE**

Applications are due to the Foundation by April 1<sup>st</sup>.

**CERTIFICATION**

I hereby affirm that the information provided on this form is accurate and complete to the best of my knowledge.

\_\_\_\_\_  
Applicant’s signature

\_\_\_\_\_  
Date

Completed applications should be sent to:  
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