



*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 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 July 15<sup>th</sup>**

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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Board of Trustees

DeWitt P. Davenport

Executive Secretary: Christine Gagnon

Corporate Trustee: Northern Trust

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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 JULY 15<sup>th</sup>

## 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: \_\_\_\_\_

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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 July 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 July 15 this year:

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Special honors received from any source: \_\_\_\_\_

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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:

<b>Estimated Expenses</b>		<b>Estimated Income</b>	
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)	\$ _____
<b>TOTAL EXPENSES</b>	<b>\$ _____</b>	<b>TOTAL RESOURCES</b>	<b>\$ _____</b>

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):

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_____
_____

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

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I was informed of the Davenport Foundation by:

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Other Information

Are you financially independent of your family? \_\_\_\_\_

Do you own real estate? (describe please) \_\_\_\_\_

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Do you own a motor vehicle? \_\_\_\_\_ Make: \_\_\_\_\_

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

Other personal indebtedness:

To Whom Indebted

Address

Amount

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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)

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

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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	\$ _____

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

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