

DEMOCRATIC WOMEN OF ERIE COUNTY DOROTHY DEERING MEMORIAL SCHOLARSHIP 2025 SCHOLARSHIP APPLICANT COVER PAGE

NAME:		AGE:
ADDRESS:		
		ZIPCODE:
CURRENT SCHOOL/COLLEGE:		
SCHOOL/COLLEGE ADDRESS:		
		ZIPCODE:
you have been, or are currently, invo	olved in: (Feel free to li	services, and leadership activities, that st your activities/services in bulleted

Please complete the <u>cover page</u> and submit it with your <u>essay</u> and a <u>school transcript</u> to: Charlene Adams, 1518 Pearl Street, Sandusky, OH 44870.

The essay must be postmarked no later than Friday, March 21, 2025. We allow 10 days for delivery.

Any questions, please contact: Charlene Adams at Charlenea56@gmail.com.