



Dunbar School Alumni Association/Robert C. Caldwell Memorial Scholarship  
2023 Educational Scholarship Program Application

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(Please Print Clearly or Type)

I. Personal Information

A. Contact Information

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Are you a U.S. Citizen or permanent resident? Yes \_\_\_ No \_\_\_

B. Other Contact Information (Parent, etc. someone who will know how to contact you if the above information changes.)

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

II. Educational Background

	Name of School	Address	Dates Attended	Date of Graduation
High School			_____to _____	
College/ University			_____to _____	
Vocational/ Technical School			_____to _____	

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III. Future Education Plans

A. Schools Applied To:

1<sup>st</sup> Choice \_\_\_\_\_

Address \_\_\_\_\_

Accept Yes No

2<sup>nd</sup> Choice \_\_\_\_\_

Address \_\_\_\_\_

Accept Yes No

3<sup>rd</sup> Choice \_\_\_\_\_

Address \_\_\_\_\_

Accept Yes No

Proposed course of study or major \_\_\_\_\_

Full Time or Part-time status: Full \_\_\_\_\_ Part-time \_\_\_\_\_

B. On a separate page, please describe your future school and career plans (not to exceed a half page)

C. On a separate page, please describe your greatest challenge, how you faced it and how it affected you (not to exceed one page).

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IV. Employment and Volunteer History

A. Current Employer:

Employer	Address	Contact Name	Telephone	Dates Worked	Hours Per Week
				_____ to _____	

B. Employment, Volunteer or Relevant Experience

Employer/ Volunteering/ Other	Address	Contact Name	Telephone	Dates Worked	Hours Per Week
				_____ to _____	
				_____ to _____	
				_____ to _____	

C. On a separate page write a 500-word essay on Dunbar School and any personal growth or learning experience that resulted from your research.

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**V. Have you received a Dunbar School Alumni Association/Robert Caldwell Memorial Scholarship award or other scholarships in the past? If yes, give the name and the amount of the scholarship.**

**VI. Agreement**

**Check box below if you agree:**

**I certify that the information provided in the application is honest and true. If I am awarded the Dunbar Alumni Association/Robert Caldwell Memorial Scholarship, I agree to appear at the 2023 Dunbar School Reunion Banquet to accept my award and to read my essay on Dunbar at the Banquet.**

<b>Name (Please print)</b>	<b>Signature</b>	<b>Date</b>

<b>Signature of Parent or Guardian if applicant is under 18 years of age</b>	<b>Date</b>

**VII. Submission Deadline**

**All applications should be submitted by May 1, 2023. Applications should be mailed to:  
Dunbar Alumni Association, Inc.  
Att: Scholarship Committee  
P.O. Box 513  
Salina, Kansas 67402-0513**

**Thank you for completing the Dunbar School Alumni/Robert C Caldwell Memorial Scholarship Application. The members of the Association share a vision of continuing the legacy of Dunbar School and we encourage the education of future generations by providing support when and where we can.**