

MALS Scholarship Application



Instructions
<p>1. In order to be eligible for a MALS Scholarship, you must complete this form in its entirety.</p> <p>2. Return this form and the required supporting documents directly to the MALS office by: Scanning and emailing to MALS.Program@Dartmouth.edu Faxing to 603-646-3590 Or mailing to: The MALS Program Dartmouth College HB 6092 - 116 Wentworth Hall Hanover, NH 03755-3526</p>

Applicant Information		
Last Name	First Name	M.I.
Street Address		
City	State/Providence	
Country	Zip/Postal Code	

First Term of Enrollment
Summer 2018 _____ Fall 2018 _____ Winter 2019 _____ Spring 2019 _____

Financial Information	
Country of residency:	Number of family members who live in your household:
Your family's total 2017 income from all sources in U.S. dollars (please attach supporting documents i.e. tax return, pay stubs): \$ _____	
The equity (value minus debt) of your family's assets in U.S. dollars (please attach supporting documents i.e. bank statements, certified letter): \$ _____	

The exchange rate you used to convert your currency to U.S. dollars:

I declare that the information reported on this form is true, correct, and complete and that I will send timely word of any significant change in resources, family situation, number of children in post-secondary education, or receipt of outside scholarships. I understand that the information provided on this and other documents may be shared with the student's academic program and agencies for which we are requesting aid.

Applicant Signature: _____ Date: _____