## **MALS Scholarship Application**



## Instructions

- 1. In order to be eligible for a MALS Scholarship, you must complete this form in its entirety.
- 2. Return this form and the required supporting documents directly to the MALS office by:

Scanning and emailing to MALS.Admissions@Dartmouth.edu

Faxing to 603-646-3590

Or mailing to: The MALS Program

Dartmouth College

HB 6092 - 116 Wentworth Hall Hanover, NH 03755-3526

Applicant Information					
Last Name		First Name		M.I.	
Street Address					
City	State/F	e/Providence			
Country			Zip/Postal Code		
First Term of Enrollment					
Summer 2022 Fall 2022					
Financial Information					
Country of residency: Nu		umber of family members who live in your household:			
Your family's total 2020 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 send timely word of any significant change in resources, family site post-secondary education, or receipt of outside scholarships. I understood on this and other documents may be shared with the stungencies for which we are requesting aid.	uation, number of children in derstand that the information
Applicant Signature:	Date: