

DEPARTMENT OF KINESIOLOGY
DR. DOROTHY MASSEY SCHOLARSHIP

APPLICATION FORM

Name: _____

Home Address: _____ Business Address: _____

Date of Birth: _____ City: _____ State: _____

Education: Please list high school and any other colleges and universities attended with the pertinent dates, and quality point average.

Institution	Dates Attended	Degree and Year	Quality Point Average

The Dr. Dorothy Massey Scholarship of approximately \$2,000.00 is awarded to a female URI student currently enrolled in the Department of Kinesiology and shows financial need.

Please return the completed application by April 1, 2009 to: Dr. Deborah Riebe, Chairperson, Department of Kinesiology