

**Dr. Dale A. Kates
Student Scholarship
Application**

Name: _____

Date Of Birth: _____

High School: _____

Graduation Year: _____

Subject Matter Of Essay: _____

Date Returned: _____

Address: _____

Phone Number: _____

**Please submit application by
Monday, June 15th, 2010**

Scholarship award will be announced on June 30, 2010
The winner will be by notified by mail and phone.

Good Luck to all applicants!

Dr. Dale A. Kates & Staff