



**University of Massachusetts Dartmouth
2-year College Transfer Scholarship**

Application Form

Name: _____

UMass Student ID #: _____

Mailing Address: _____

PO Box/Street Address

City

State

Zip code

Telephone: _____

Home phone

Cell phone

2-year college enrolled at: _____

Expected date of graduation: _____

Program of study at 2-year college: _____

Desired major at UMass Dartmouth: _____

Expected semester to enroll at UMass Dartmouth: ____ Fall ____ Spring

Please complete the following:

Reason(s) for choosing UMass Dartmouth:

Educational/career plans:

Involvement in activities outside of the classroom (e.g. employment, family responsibilities, community service, clubs & organizations): _____

Describe any personal circumstances or academic experiences that you feel would be helpful for us to know about:

Attach a separate sheet if necessary

Applicant Signature

Date

**Mail or Fax to: UMass Dartmouth Admissions Office
285 Old Westport Road
No. Dartmouth, MA 02747
FAX: 508-999-8755**