



## **Brock Warden Memorial Scholarship**

The Brock Warden Memorial Scholarship was established shortly after Brock's death in June 2002. Brock died of complications of Duchenne Muscular Dystrophy, a debilitating disease, for which there is no cure. Regardless of the daily decrease in his muscle strength, he moved about Dover High School in his wheelchair, with a smile for everyone. He regularly participated in sporting events, by announcing or keeping stats, and he worked on the set crew for the Dover High School plays and musicals. Additionally, he was an important part of his church youth group.

Brock loved being active and was a true "Dover fan." He never let his disability get in his way, and enjoyed a rich life. Following his death, his family, friends and the people of the community, began donating and raising money to keep his memory alive with a scholarship. This \$500 scholarship is awarded each year, to a Dover High School graduating senior, during the May Awards Ceremony.

To qualify to apply for this scholarship, you must have: 1) documented proof of a learning, and/or physical and/or medical, disability, 2) a 2.5 or above, 3) proof of involvement in at least one school activity, 4) plans for post-secondary education.

**RETURN THE ATTACHED FORM and REQUESTED DOCUMENTS TO**  
***Dover High School Guidance Department***  
***c/o DHS Guidance Councilor***

**DEADLINE:**  
**Friday April 6<sup>th</sup>, 2018, by 3:00 p.m.**

**REQUESTED DOCUMENTS:**

1. Completed application
2. One letter of recommendation
3. Verification signature of the activity sponsor or advisor (on the form)
4. An official transcript
5. Documented proof of a learning, physical, and/or medical disability (i.e. IEP, 504 Plan, Medical Documentation, etc.)

The letter of recommendation may come from the sponsor or advisor of the activity, which will serve as the verification signature.

## Brock Warden Memorial Scholarship Application

Name of Applicant \_\_\_\_\_

Current residence \_\_\_\_\_

Telephone number \_\_\_\_\_

Applicant's Parents: Please list the name(s) you wish to be included in public notices, should you receive a scholarship.

Father \_\_\_\_\_

Mother \_\_\_\_\_

Cumulative GPA \_\_\_\_\_ Class Rank \_\_\_\_\_

List school and community activities. *A separate sheet may be used.*

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Signature of activity sponsor or advisor, verifying your participation in this activity.

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List any awards or honors earned, indicating the name of the award and the date received. *A separate sheet may be used.*

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Name of the college/university/ technical or vocational school you will attend:

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Why have you chosen this institution? *A separate sheet may be used.*

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What are your career goals? *A separate sheet may be used.*

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Please write a paragraph stating why you believe you deserve this scholarship, which represents the memory of Brock Warden. *A separate sheet may be used.*

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**Attach your letter of recommendation to this application.**

I **believe** that the information contained in this application is true and accurate. I also understand that if I receive any scholarship award from the Dover City Schools Education Foundation, Inc., my name and photograph may be published by the media and in promotional materials, newsletters, solicitation letters and the like. I hereby release this information and my photograph or likeness to the Dover City Schools Education Foundation, Inc., and its assigns, and I grant my consent to the publication of this information and my photograph for news, solicitation and promotional purposes.

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**Applicant's signature**

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**Date**

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**Parent/guardian signature if applicant is under age 18**

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**Date**