



The Rev. Dr. Martin Luther King, Jr.
Memorial Committee of Greater Attleboro

**Darren & Joseph Major
Computer for College Program**

The following information is required for record keeping purposes. As is the case with all records, this information is considered confidential and is used for official purposes only.

I. DEMOGRAPHIC INFORMATION

Student Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Mobile Phone _____

Email _____

II. ACADEMIC INFORMATION

Please provide information about the student's intended post-secondary program:

School _____

Address _____

City _____ State _____ Zip _____

Student ID Number _____ School Phone _____

Expected Date of Enrollment _____ Month/Year _____

Full-Time Part-Time Associate's Bachelor's Certificate



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REFERRING COUNSELOR

Please tell us about the student you have recommended to receive a laptop computer.

REQUIREMENTS CHECKLIST

No decision will be made on the application until all the required documents have been submitted.

- ✓ Proof of student's acceptance into an approved program.
- ✓ Completed application form.

My signature below indicates that the information contained in this application is factually correct and honestly presented.

Signature _____ Date _____



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PURPOSE

To provide a computer to a financially disadvantaged student who has been accepted into a post-secondary program so that the student can achieve his/her educational goals.

ELIGIBILITY

1. The student must be accepted into an approved program as of September of the academic year for which the application was submitted. He or she may be enrolled full-time or part-time.
2. The student must be a resident of Attleboro and attend Attleboro High School.
3. The student must be recommended by a school counselor and have a substantial financial need as determined by the counselor.

COMPUTER AWARD

The computer will be awarded by **May 2026**.

APPLICATION FILING DATE

Applications must be emailed or postmarked by **FRIDAY, MARCH 20, 2026** to be considered for the fall semester.

Please mail completed application to:

P.O. Box 461, Norton, MA 02766-0461

Or email to:

mlkgreaterattleboro@gmail.com

(FOR OFFICE USE ONLY)

Applicant Name _____

Date Received _____ Scholarship Awarded: YES NO Date Awarded _____

PROGRAM

Associate's Bachelor's Certificate