



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 \_\_\_\_\_

**II. ACADEMIC INFORMATION**

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

School \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Expected Date of Enrollment \_\_\_\_\_ Month/Year \_\_\_\_\_

☐ Full-Time

☐ Part-Time

☐ Associate's

☐ Bachelor's

☐ Certificate



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## Darren & Joseph Major Computer for College Program

### REFERRING COUNSELOR

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

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

### **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 2021.

### **APPLICATION FILING DATE**

Applications must be emailed or postmarked by **FRIDAY, MARCH 19, 2021**, 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