



# Dartmouth Girls Athletic League

PO BOX 70064  
DARTMOUTH, MA 0274

[www.DGAL.org](http://www.DGAL.org)

## 2026 Scholarship Application

Dartmouth Girls Athletic League is proud to announce this Higher Education Scholarship for graduating seniors who are league alumni that are seeking an undergraduate or associate degree from an accredited college or university.

### **Application Checklist and Requirements:**

- Fill out the included application page.
- You must have a minimum GPA of 3.0 or better.
- Applicants must have participated in a minimum of 5 seasons in DGAL Sports.
- Copy of Acceptance Letter.
- Copy of High School Transcript.
- 1 Recommendation Letter from a current/former coach or educator.
- Please include an essay as to why you are deserving of this scholarship. This essay should describe the impact your DGAL experience has had on you and how you have given back to the girls of DGAL and our community.
- Recipient agrees to use the award for educational purposes only.

Applications are evaluated on the information supplied.

The DGAL Scholarship Committee will review all applications and award individual applicants up to \$5,000. All information received is considered confidential and is reviewed only by the DGAL Scholarship Committee. Applications that are not received by the deadline or that are incomplete will not be considered.

**Completed applications are accepted only online and should be emailed to [scholarship@dgal.org](mailto:scholarship@dgal.org) no later than March 31, 2026.**

Name:

DOB:

Address:

Email:

Telephone:

Current School:

List of University or College Applied To:

SCHOOL NAME	ACCEPTANCE STATUS

Participation in DGAL Programs

Recreation Basketball      # of Seasons

Travel Basketball      # of Seasons

Recreation Softball      # of Seasons

Travel Softball      # of Seasons

Recreation Field Hockey      # of Seasons

List any honors, awards and personal achievements plus any leadership positions you have held in school or community organizations.

I hereby state the above information has been answered accurately and completely and authorize The DGAL Scholarship Committee to review this information as it pertains to my application.

Applicant's  
Signature: \_\_\_\_\_

Minor Parent/Guardian's  
Signature: \_\_\_\_\_