 **BD Scholarship Application**

**APPLICANT INFORMATION**

**Last Name:** Click here to enter text. **First Name:** Click here to enter text.

**Street Address:** Click here to enter text.

**City:**  Click here to enter text. **State:** Click here to enter text. Zip: Click here to enter text.

**Telephone Number:** Click here to enter text.

**Email Address:** Click here to enter text.

**EDUCATION**

**High School Name:** Click here to enter text.

**High School Address:** Click here to enter text. **City, State Zip:** Click here to enter text.

**Are you currently a high school senior? Yes** [ ]  **No** [ ]

**High School graduation date:** Click here to enter text.

**Are you enrolled in college now? Yes** [ ]  **No** [ ]

**Anticipated COLLEGE graduation date:** Click here to enter text.

**What college do you attend or plan to attend?** Click here to enter text.

**What is your planned major / course of study?** Click here to enter text.

**SCHOOL AND COMMUNITY ACTIVITIES**

**List activities in which you have participated during the last three years (School clubs, student government, publications, varsity sports, FFA, FBLA, etc.)**

Click here to enter text.Click here to enter text.

Click here to enter text.Click here to enter text.

Click here to enter text.Click here to enter text.

**LIST JOBS (including summer employment) you have held in the last three years.**

**Employer or Type of Business Job or Type of Work Dates of Employment Hours per Week**

Click here to enter text.Click here to enter text.Click here to enter text.Click here to enter text.

Click here to enter text.Click here to enter text.Click here to enter text.Click here to enter text.

Click here to enter text.Click here to enter text.Click here to enter text.Click here to enter text.

Click here to enter text.Click here to enter text.Click here to enter text.Click here to enter text.

**Of all your courses, activities, internships, and work experience, which one did you find most rewarding or personally satisfying? Explain why.**

Click here to enter text.

**FUTURE GOALS**

**Based on your current achievements and interests, describe your career goals for the next 10 years.**

Click here to enter text.

**What makes you a strong candidate for this scholarship opportunity?**

Click here to enter text.

**RECOMMENDATION REQUIREMENT**

**Two letters of recommendation are required:**

* **The first letter of recommendation should be provided by a guidance counselor, teacher, or school official who is familiar with your academic work.**
* **The second letter may come from a similar academic source or from a personal contact (not a friend, classmate or family member) that has knowledge of your activities outside the classroom (e.g. extracurricular activities, community service, work experience, etc.)**

**AUTHORIZATION / CERTIFICATION**

**Please review your responses, sign your name below, and give this form to a school official for completion. Your signature will authorize your school to release the information requested, including class rank and test scores, and certify that all information you entered on this form is accurate and true.**

**NOTE: It is your responsibility to ensure that your school releases the requested information by the program deadline.**

**Student’s Name (Please Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**STUDENT – DO NOT WRITE ANYTHING BELOW THIS LINE**

**SCHOOL INFORMATION & EVALUATION – To be completed by guidance counselor / school official.**

Complete the information requested below, sign the form, and attach an official transcript of the student’s grades that *includes the senior year* courses being taken. *Completion of this section cannot serve as a substitute for one of the student’s required letters of recommendation.*

**Please provide the following information regarding the applicant’s academic record.**

Student’s Class Rank: Click here to enter text.

Student’s Class Size: Click here to enter text.

Student’s GPA: Click here to enter text.

**Standardized Test Scores**

ACT Test Date: Click here to enter text. Composite Score: Click here to enter text.

Or

SAT Test Date: Click here to enter text. Critical Reading: Click here to enter text.

 Writing: Click here to enter text.

 Math: Click here to enter text.

Based on your knowledge of the applicant, please reply to each of the following statements by checking the box that most closely matches your professional opinion of the applicant’s capabilities. *Check only one box per statement.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
| This student possesses a high level of academic ability. |[ ] [ ] [ ] [ ] [ ]
| This student’s academic performance has been exceptional. |[ ] [ ] [ ] [ ] [ ]
| This student is highly involved in extracurricular activities. |[ ] [ ] [ ] [ ] [ ]
| This student has demonstrated excellent leadership ability. |[ ] [ ] [ ] [ ] [ ]
| This student has the self-discipline to excel in a variety of environments. |[ ] [ ] [ ] [ ] [ ]
| This student is highly responsible. |[ ] [ ] [ ] [ ] [ ]

Thank you for taking the time to assist with this scholarship application.

Your signature below indicates that you have reviewed the applicant’s responses and certify that they are correct, insofar as the official school records indicate.

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Print Name and Title of School Official

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Signature of School Official Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number E-mail address