

CHRIS VALLEY SCHOLARSHIP

SPONSORED BY THE BEDFORD CITY SCHOOLS FOUNDATION

Note: This scholarship form can be downloaded from our website:
www.bedfordfoundation.net

**THIS FORM MUST BE TYPED. SCHOLARSHIP FORM IS AVAILABLE ON LINE.
FORMS NOT TYPED WILL NOT BE CONSIDERED.**

SCHOLARSHIP: \$500 given per year (*renewable up to 4 years= total up to \$2,000*)
ONE Scholarship to be awarded each year.

Selection Committee: Board of Trustees of the Bedford City Schools Foundation

CRITERIA:

Bedford High School Senior

Personal Qualities: Service to school & community, initiative, hard work, ability to succeed in college or post high school educational training

Scholarship monies will be awarded to the winner at the Scholarship Breakfast in June.

Scholarship recipients may re-apply at the end of each year of school. Awards will be made based upon the discretion of the Foundation.

The Applicant must complete all sections of this Application for consideration by the committee.

.....
Please print and fill in each item using **BLACK INK**.

Name _____ / _____ / _____
Last First Middle

Home Address _____
_____/_____/_____()_____
City Zip Code Telephone

Email address: _____

Birth Date _____ Age _____

Expected Career Goal _____

College or Post High School Program planning to attend: _____

Signature of Applicant: _____ Date _____

I give permission, if awarded this scholarship, to have information about my current plans and current and future success accomplishments posted to the Bedford City Schools Foundation web site.

Signature of Applicant (or parent/guardian if under 18) _____

Return this application and one sealed letter of recommendation to the Registrar's Office (Room 150) by **Friday, March 17, 2017. NO APPLICATIONS ACCEPTED AFTER THIS DATE.**

To the Applicant: Write a detailed one-page essay explaining how you possess each of the following qualities as demonstrated over the four years of your high school career. Use the space provided or attach no more than one additional page. Include examples of your activities. Do not use your name. **ESSAY MUST BE TYPED.**

QUALITIES:

1. **School & Community Service** (i.e. member of band, volunteer, Meals on Wheels, etc.)
2. **Initiative/Hard Work** (i.e. projects completed, vocational program, etc.)
3. **Ability to Succeed in College or Post High School Educational Program**

ESSAY

Briefly describe any family circumstances affecting financial need that the scholarship selection committee should consider. (If left blank, committee assumes NO financial need exists.)

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Applicant Number _____

Dear Counselor: Thank you for taking time to help this student by completing this form. The scholarship committee for Bedford Schools Foundation needs the information as requested below to determine the qualifications of this applicant for a Bedford City Schools Foundation Scholarship. (Please use **BLACK INK.**)

On what do you base your estimate of the applicant? (Please check all that apply.)

_____ *Personal Acquaintance*

_____ *School Records*

_____ *Report of Instructors*

_____ *Other*

In your opinion, what is the applicant's greatest strength?

Has the applicant maintained a definite and sincere interest in academic studies?

_____ *Definitely*

_____ *To Some Extent*

_____ *Unable to Judge*

Does this student's overall attitude toward study lead you to believe that he/she will carry college work successfully? _____

Class Rank _____ *in a class of* _____ *Grade Point Average:* _____

Please add any further information that would help differentiate this student's application. (Do not refer to the student by name, only as applicant.)

Briefly describe any family circumstances that could affect financial need that the scholarship selection committee should consider.

*Return this scholarship form to the Registrar's Office (Room 150) by **Friday, March 17, 2017.** NO APPLICATIONS WILL BE ACCEPTED AFTER THIS DATE.*

CHRIS VALLEY SCHOLARSHIP
Sponsored by the Bedford City Schools Foundation
Faculty Recommendation (other than counselor)

Note to Faculty: This page can be downloaded from our website:
www.bedfordfoundation.net.

Student's Name _____

Personal Qualities: Scholarship, intellectual curiosity, citizenship, school and community service, and demonstration of a commitment to life-long learning.

APPLICANT NUMBER _____
(For Office Use Only)

Please write recommendation below or attach separate sheet to this form. (*Do not refer to the student by name, only as applicant.*) (Please use **BLACK INK** or a **WORD PROCESSOR**.)

Briefly describe any family circumstances that could affect financial need that the scholarship selection committee should consider.

*Return this recommendation to the Registrar's Office (Room 150) by **Friday, March 17, 2017**. **NO APPLICATIONS WILL BE ACCEPTED AFTER THIS DATE.***

*Note: If the signature line is left blank, the faculty recommendation will not be considered.

Faculty Member (Print) _____ Title _____
Signature _____ Date _____