

BEDFORD CITY SCHOOLS FOUNDATION SCHOLARSHIP

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

BCSF SCHOLARSHIP: \$1,000 given per year (*renewable for up to 4 years= total of \$4,000*)

Up to three (3) Scholarships to be awarded each year.

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

CRITERIA:

Bedford High School Senior

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

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 college. Awards will be made based upon the discretion of the Foundation.

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

.....
Please ***key*** in the following information. Hand written applications WILL NOT be accepted.

Name _____ / _____ / _____
Last First Middle

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

Email: _____

Birth Date _____ Age _____

Expected College Major _____

College or University 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 15, 2019. NO APPLICATIONS WILL BE ACCEPTED AFTER THIS DATE.

To the Applicant: Please explain 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. **Information must be keyed.** Hand written applications WILL NOT be accepted.

1. **Scholarship/Intellectual Curiosity** (i.e. AP courses, Honors courses, Post Secondary, summer workshops, etc.)

2. **School Services & Activities** (i.e. membership in school organizations, activities, tutoring, teacher assistant, etc.)

3. **Community Service.** (i.e. community service hours, volunteer activities performed in community, Boy/Girl Scouts, membership in community organizations, etc.)

4. **Leadership Roles.** (i.e. officer in an organization—school or community, captain/co-captain of a sports team, chairperson of project(s), taking a lead role in an activity, spearheading a project, initiatives taken, etc.)

Financial Need. (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. **(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 15, 2019. NO APPLICATIONS ACCEPTED AFTER THIS DATE.

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Faculty Recommendation (other than counselor)

Student's Name _____

Personal Qualities: Scholarship, intellectual curiosity, school services & activities, community service, leadership roles, and financial need

Applicant Number _____

Please key in 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 letter of recommendation to the Registrar's Office (Room 150) by Friday, March 15, 2019. NO APPLICATIONS 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 _____