



# BROCKPORT COLLEGE MEMORIAL SCHOLARSHIP APPLICATION

**PLEASE TYPE YOUR ANSWERS OR PRINT CLEARLY**

Name of Applicant: \_\_\_\_\_  
(Last) (First) (MI)

Home Address: \_\_\_\_\_  
(Street) (Town/City) (State/Zip)

Home Telephone: (\_\_\_\_) \_\_\_\_\_ Local Phone: \_\_\_\_\_

College Address: \_\_\_\_\_

Banner ID: \_\_\_\_\_

Total Credit hours earned at Brockport: \_\_\_\_\_ Institutional GPA: \_\_\_\_\_  
(Minimum: 30) (2.75 minimum)

Cumulative GPA in Major: \_\_\_\_\_  
(3.25 or higher)

Major or intended major: \_\_\_\_\_

Career Goals: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attach to this application a 500 word typewritten statement on why you believe you should be considered for the Brockport College Memorial Scholarship. Include evidence that you are an undergraduate student who has demonstrated high academic achievement, service to others and pride in the College and community.

Please attach two letters of recommendation from individuals (other than relatives) who know you personally and who will provide written evidence of your commitment as a student and your involvement and participation in activities, which show leadership and service to others and reflect the pride shown in the College and community. Please list below the names of the individuals providing the letters of recommendation.

1 \_\_\_\_\_  
Name Address Telephone

2 \_\_\_\_\_  
Name Address Telephone

## **ATTACH ESSAY, DEGREE AUDIT REPORT (DARS) AND LETTERS OF RECOMMENDATION TO THE COMPLETED APPLICATION.**

Submit application, essay, Degree Audit Report (DARS) and letters of recommendation to the Office of Alumni Relations & Development, 216 Allen Administration Building **by December 11, 2009**. The Student Awards Committee prior to the Honors and Awards Ceremony will notify applicants of the decision.