

Application Form

THE RAYE H. CONRAD MIGRANT SCHOLARSHIP

2010-2011

This scholarship is established to honor the memory of Dr. Raye H. Conrad, teacher and administrator at The College at Brockport (1945-1973). Dr. Conrad joined the faculty as professor of psychology in the General Education program and then served as coordinator of field services, dean of students, director of elementary and secondary education, and dean for certification programs. Dr. Conrad was the initiator of Brockport's Migrant Education Program for Teachers. He was a beloved teacher and an outstanding educator.

This completed Application Form, your essay and three Letters of Recommendation are due to the Office of Alumni Relations & Development, 216 Allen Building by **March 12, 2010.**

Name: _____
Last First Middle

Home Address: _____
#/Street City State Zip

Phone/Cell Phone: _____ Email: _____

Class Year: ___ Freshman ___ Sophomore ___ Junior ___ Senior ___ Graduate

Major(s)/Minor: _____

Institutional Grade Point Average: _____ Anticipated graduation date: _____

This \$1000 scholarship is established to recognize, encourage and assist a current or former migrant farm worker or members of their families who are accepted for study at The College at Brockport. The candidate must demonstrate interest in learning and potential for success.

Instructions:

1. Please complete all sections of this application. Type or print legibly.
2. Attach a typed essay, not to exceed two typed pages, to support your candidacy for this scholarship. Include biographical information, your goals and other pertinent information.
3. Request Letters of Recommendation from three (3) professors, one must be from your major area of study. One recommendation may be from a person who is not a professor or staff person but who can speak to your candidacy.

Applicant's signature: _____ Date: _____

LETTER OF RECOMMENDATION FORM

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Applicant's name: _____

Recommended by: _____

Title: _____

Phone: _____ E-mail: _____

1. How long have you known the applicant? _____
2. In what capacity? _____
3. This scholarship is established to recognize, encourage and assist a current or former migrant farm worker or members of their families who are accepted for study at The College at Brockport. The applicant must demonstrate interest in learning and potential for success.
4. Please tell us why you believe that this student is a strong candidate for this scholarship. Use the reverse side of the sheet, or, if you prefer, add additional sheets to this form.
5. Thank you for taking the time to support this student's candidacy for this scholarship!

Your signature: _____ Date: _____

Deadline: Friday, March 12, 2010. Please return this form and any attachments to the Office of Alumni Relations & Development, 216 Allen Building, The College at Brockport, Brockport, NY 14420. Kim Ehret, Assistant Director of Donor Relations & Stewardship, (585) 395-5124, kehret@brockport.edu

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