



Application Form

The College at Brockport THE JOAN C. YOUNG SCHOLARSHIP 2010-11

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 5, 2010**.

Name: _____
Last First Middle

Home Address: _____ Phone: _____
#/Street City State Zip

College Address: _____ Phone: _____
#/Street City State Zip

E-Mail Address: _____ Cell: _____

Class Year: ___ Freshman ___ Sophomore ___ Junior ___ Senior

Major/Minor(s): _____ Anticipated Graduation Date: _____

Certification Program: _____ Accepted in program: ___ Yes ___ No

Cumulative Grade Point Average: _____

Students eligible for this scholarship must be undergraduates accepted in the Childhood certification program in the Department of Education & Human Development who have demonstrated a commitment to and potential for excellence in teaching. It is intended to assist a student who has financial need. Students from Long Island and the New York City area are encouraged to apply.

1. Please write an essay of not more than 500 words providing information regarding your experiences with children and your commitment to teaching, including biographical information, your interests, talents, work experiences and your financial need.
2. Please type your essay and attach it to this form.
3. Indicate the names of the three people you have asked to support your candidacy with Letters of Recommendation:

1) _____
Name Title Phone

2) _____
Name Title Phone

3) _____
Name Title Phone

Candidate's Signature _____ Date _____