



# SARA T. JACKSON AWARD APPLICATION

**PLEASE TYPE YOUR ANSWERS OR PRINT CLEARLY**

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

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

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

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

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

Total Credit Hours earned at Brockport: \_\_\_\_\_ Institutional GPA: \_\_\_\_\_  
(More than 24 and 53 or less) (Minimum: 3.0)

Intended Major: \_\_\_\_\_

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

Special honors, awards or other recognition you have received in your freshman and/or sophomore years here at Brockport:  
\_\_\_\_\_  
\_\_\_\_\_

Activities in which you have participated which serve to enhance the College and/or community: \_\_\_\_\_  
\_\_\_\_\_

On a separate sheet of paper provide a 500 word typewritten statement on why you feel you should be considered for the Sara T. Jackson Award. In writing your essay please include a description of your involvement and participation in activities that have enhanced the College and/or community.

Attach two (2) letters of recommendation from individuals (other than relatives) who know you personally, your ability as a student and your involvement and participation in activities that enhance the College and/or community. Please list below the names of the two individuals who will be 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 for the award.