

UNION ACADEMY SCHOLARSHIP APPLICATION

Mr. & Mrs. Henry Bull ALUMNI Scholarship:

UNION ACADEMY OF BELLEVILLE
BELLEVILLE CENTRAL SCHOOL
HENDERSON CENTRAL SCHOOL
BELLEVILLE HENDERSON CENTRAL SCHOOL

Deadline: Must be postmarked by May 15th

Submit to BHCS Guidance Office

ALL INQUIRIES CAN CONTACT:

Alison VanBrocklin

E-mail: avanbrocklin@bhpanthers.org

Phone: 315-846-5825

Fax: 315-846-5617

PLEASE NOTE:

- ♦ YOU MUST BE AN ALUMNI OF BCS, BHCS, HCS, OR UAB TO APPLY FOR THIS APPLICATION
- ♦ IF YOUR APPLICATION IS INCOMPLETE IN ANY WAY, YOUR AWARD MAY BE DECREASED
- THREE REFERENCES ARE REQUIRED FOR THIS AWARD.
- ALL QUESTIONS AND INFORMATION IS TO BE FILLED IN. (ANY MISSING INFORMATION CAN DELAY THE PROCESS OF YOUR AWARD.)
- ♦ YOU ARE RESPONSIBLE FOR FOLLOWING UP ON REFERENCES TO MAKE SURE THAT THE PEOPLE YOU NAMED RETURN THEM ON TIME. (PLEASE EMAIL OR CALL ALISON VANBROCKLIN USING THE INFORMATION ON THE COVER OF THE APPLICATION.)
- ♦ THIS SCHOLARSHIP MONEY WILL BE AWARDED FOR FEE/TUITION ONLY.
- ♦ TRAVEL EXPENSES, ETC. ARE EXCLUDED FROM THIS AID. PLEASE BE PREPARED TO PROVIDE US WITH ADDITIONAL INFORMATION, IF REQUESTED.

Date: _____

Name: _____
(Please include maiden name)

Address: _____ Phone: _____

_____ E-mail: _____

Date of Graduation from U.A.B, B.C.S., H.C.S., or B.H.C.S.: _____
(Please circle one)

Relationship Status: _____ Number of Dependents: _____

List dependents with age and grade, if in school:

EDUCATION HISTORY:

School	Course of Study	Diploma/Degree/Year
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMPLOYMENT HISTORY:

Employer: _____ Phone: _____
Position Held: _____ Dates: _____
Reason for Leaving: _____

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Reason for Leaving: _____

Please explain any gaps in employment (illness, injury, maternity, education, etc.)

Military Experience:

Branch of Service: _____ Rank: _____

Dates of Service: From: _____ To: _____

ACTIVITIES:

Community Service Organizations, Work related/Professional Clubs or Organizations, Hobbies, Interests, etc.

Name of chosen College, Technical School, etc.: (Please include address/location of school)

Field of Study:

Degree Goal & Expected Graduation Date (Year):

EDUCATION STATUS:

(Check all that applies)

Undergraduate: _____

Graduate: _____

Part-Time: _____

Full-Time: _____

I am applying for aid for the following semester (s):

Summer: _____
Fall: _____
Winter: _____
Spring: _____

My expected number of credit hours is: _____ Cost per credit hour: _____

Total tuition cost for this period: _____

THREE REFERENCES: (Include name, address & phone number)

These references must be past/current employers or instructors, as they need to be able to refer you based on academics, work ethic, motivation, initiative and potential.

(Be advised to check and make sure these references are in by the deadline date of May 15th)

Please state, briefly, your reasons for continuing your education, your choice of this field of study, your motivation and why you chose to apply for this scholarship.

Return application to: **Union Academy Scholarship**
 C/O Guidance Office (315) 846-5825
 Belleville Henderson Central School District
 8372 County Route 75
 Adams, New York 13605

UNION ACADEMY SCHOLARSHIP COMMITTEE

Request for reference for scholarship applicant.

NAME OF APPLICANT: _____

Your Name: _____

Address: _____

Phone Number: _____

How are you associated with the applicant?

We are interested in **character, work ethic, motivation, initiative and potential to succeed**. We would appreciate your views and comments. Thank you very much.

Please return to: Union Academy Scholarship Committee
C/O: Guidance Office
Belleville Henderson Central School
8372 County Route 75
Adams, New York 13605

Due Date: May 15th

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