



# UNION ACADEMY SCHOLARSHIP APPLICATION

**ALUMNI:**

**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: [alisonv@bhpanthers.org](mailto:alisonv@bhpanthers.org)

Phone: 315-846-5825

Fax: 315-846-5617

## **PLEASE NOTE:**

- ◆ **IF YOUR APPLICATION IS INCOMPLETE IN ANY WAY, YOUR AWARD MAY BE DIMINISHED.**
- ◆ **YOU ARE RESPONSIBLE FOR FOLLOWING UP ON REFERENCES TO MAKE SURE THAT THE PEOPLE YOU NAMED RETURN THEM ON TIME.**
- ◆ **THIS SCHOLARSHIP MONEY WILL BE AWARDED FOR 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 B.C.S., H.C.S., or B.H.C.S.: \_\_\_\_\_  
(Please circle one)

Marital Status: \_\_\_\_\_ Number of Dependents: \_\_\_\_\_

List dependents with age and grade, if in school:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EDUCATION HISTORY:

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

EMPLOYMENT HISTORY:

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Position Held: \_\_\_\_\_ Dates: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Position Held: \_\_\_\_\_ Dates: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Position Held: \_\_\_\_\_ Dates: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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

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Military Experience:

Branch of Service: \_\_\_\_\_ Rank: \_\_\_\_\_

Dates of Service: From: \_\_\_\_\_ To: \_\_\_\_\_

ACTIVITIES:

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

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

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Field of Study:

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Degree Goal & Expected Graduation Date (Year):

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STATUS:                      Undergraduate:     \_\_\_\_\_  
   Graduate:                \_\_\_\_\_  
   Part-Time:             \_\_\_\_\_  
   Full-Time:             \_\_\_\_\_

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

Summer: \_\_\_\_\_

Fall: \_\_\_\_\_

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.**

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(Be advised to check and make sure these reference 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**

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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Request for reference for scholarship applicant.

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