



2017 SCHOLARSHIP APPLICATION

THE BOURNE BRAVES WILL AWARD 1 SCHOLARSHIP IN THE AMOUNT OF \$500.00 TO A GRADUATING SENIOR. THE SCHOLARSHIP WILL BE AWARDED UPON THE COMPLETION OF THE RECIPIENT'S FRESHMAN YEAR FALL SEMESTER.

1.	First Name:	Last Name:
2.	Mailing Address Street: City: State: Zip:	
3.	Telephone Number: Email Address:	
4.	Date of Birth: Month Day Year	
5.	Name and location of High School attending:	
6.	Cumulative Grade Point Average (GPA): _____ (On a 4.0 scale) Attach proof of GPA. Your most recent school transcript is required.	
7.	A. List any academic honors, awards and membership activities while in high school: B. List your hobbies, outside interests, extracurricular activities and school related volunteer activities: C. List your non-school sponsored volunteer activities in the community:	
8.	A. If you have decided on what college you will attend, please list school name: B. If not, list your top 3 college choices:	
9.	Name & address of parent(s) or legal guardian(s): Name(s) : Street: City: State: Zip: Home phone of parents or legal guardians: Work phone:	



10. On a separate sheet please write an essay (250 - 500 words) answering the question below:
Describe how volunteer or community service has shaped who you are today and what community service has taught you.

STATEMENT OF ACCURACY FOR STUDENTS

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge.

I also consent that if chosen as a scholarship recipient my picture may be taken and used to promote the Bourne Braves scholarship program.

I hereby understand that if chosen as a scholarship recipient, I must be present at any potential awards ceremony during the Bourne Braves 2017 season to receive my scholarship award.

I further understand that it is my responsibility to submit my grades to the Bourne Braves at the address below upon the completion of my first Fall semester. Payment will be made directly to the student upon receipt of same.

Incomplete applications will not be considered.

Signature of scholarship applicant: _____ **Date:** _____

Checklist

- Application
- Essay
- Resume/Activity Sheet
- School Transcript

MAIL COMPLETE APPLICATION PACKAGE TO THE BOURNE BRAVES AT:

**Bourne Braves
P.O. Box 895
Monument Beach, MA 02553**

SUBMISSION DEADLINE:

This Application and supporting materials must be received by MARCH 30, 2017.