



BROOME COMMUNITY COLLEGE FOUNDATION, INC

The Lynn Balunas Memorial Scholarship

APPLICATION

Lynn Balunas was deeply committed to the BCC Counseling Center during the 20+ years she worked at BCC. Her children have established this scholarship in her honor.

Requirements:

- **Must be a full-time student with min. 12 cum credits (and taking at least 12 credits current semester).**
- **Studying social work, mental health or human services, or a closely related area,**
- **Will continue at BCC next Fall,**
- **Have at least a 3.0 GPA,**
- **Must demonstrate leadership & service to school and/or community.**

Application Deadline:

APPLICATION MUST BE RECEIVED BY FRIDAY, February 14th at 4:30 p.m.

On Campus: Foundation Office, **Wales Bldg. W-201**
For details: (607) 778-5047 email: foundation@sunybroome.edu

BROOME COMMUNITY COLLEGE FOUNDATION, INC.

2013-2014

LYNN BALUNAS MEMORIAL SCHOLARSHIP APPLICATION

Name: _____ Student ID (B#) _____

Address: _____

Email: _____ Phone # _____ Cell # _____

Date enrolled: _____ Current Semester Credit Hours: _____

BCC Major: _____ Expected Graduation Date: _____

Cumulative GPA: _____ Are you receiving Financial Aid? _____

Complete Parts 1, 2 and 3:

1. *Answer the following short-answer questions on a separate sheet of paper (TYPE or PRINT).*

Describe your past or current service to school and the community.

Describe your leadership qualities and experience.

Why do you deserve this award?

2. *Submit one letter of recommendation describing your leadership qualities & service commitment. A form is attached for your convenience.*

3. *Sign the attached Consent to Release Information form (witnessed by a Foundation staff person in Wales Administration Bldg. 201 or a Notary Public).*

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Lynn Balunas Memorial Scholarship

Consent to Release Information

I, _____, give Broome Community College, and the Lynn Balunas Memorial Scholarship Screening Committee permission to exchange information connected with my application for the above scholarship.

By signing this consent, I understand that as an applicant for this scholarship award I give Broome Community College permission to verify submitted materials including financial aid information, personal data and personal reference. I understand that all information will be kept confidential.

I understand that this consent form will remain in effect as long as my eligibility exists.

*Note: You must sign below in front of a staff member of the BCC Foundation, 201 Wales Bldg. or a Notary Public. **BRING PHOTO ID**

Student's signature _____ Date _____

* Foundation staff member signature _____ Date _____

Certification Form

I believe myself eligible for and hereby make application to receive the Lynn Balunas Memorial Scholarship at Broome Community College. I certify that all statements made in this application are complete and accurate.

I understand that:

- Falsification in my application, transcripts or other attachments will disqualify my application;
- A Selection Committee will select scholarship recipients and that the Committee's decision will be final;
- Incomplete applications will not be considered; and
- It is my responsibility to inform the Financial Aid Office of any change in my eligibility status or of any additional awards received.

Signature _____ Date _____

(Please print your name)

