

BROOME COMMUNITY COLLEGE
FOUNDATION, INC.



Building a brighter future through your support!

**Announces the 2014-2015
Dr. Judy U. Siggins Scholarship
for Outstanding Achievement**

Attention SUNY Broome Students:

The BCC Foundation is pleased to announce the Dr. Judy U. Siggins Scholarship for Outstanding Achievement, created to honor Judy Siggins, long-time Executive Director of the Foundation who retired in 2013. The recipient will be selected from applications submitted by the **February 14th** deadline. For full consideration, applications should be typed or printed neatly. Awards will be announced in April and recipients will be recognized at the Foundation's Scholarship Reception in May. All recipients are urged to attend the reception and ceremony.

Requirements:

- **Open to all majors**
- **Must have FAFSA on file and demonstrate need**
- **Must be a continuing full-time student in the fall**
- **Must have 12 or more cumulative credits and be taking 12 or more credits in the current semester**
- **Must be in good academic standing with a minimum 3.0 GPA**

Application Deadline: Friday, February 14, 2014
at 4:30 p.m.

Applications must be received in the Foundation Office, on-campus, Wales Bldg., W-201 by the deadline. (Temporarily located in Science Building S-218)

For details: call (607)778-5047 or email: foundation@sunybroome.edu

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**2014-2015 Dr. Judy U. Siggins
Scholarship for Outstanding Achievement Application**

Student Name: _____ Student ID# (B#) _____

Address: _____

Email Address: _____

Phone #: _____ Cell# : _____

Major: _____ Credits completed: _____ Cum. GPA: _____ Graduation date: _____

Please provide two letters of recommendation. One must be a SUNY Broome faculty member who is familiar with your academic performance; and a second should comment on your extra-curricular or community activities.

(To fully answer the following questions, please TYPE on a separate sheet)

Describe your academic challenges and achievements:

Describe your extra-curricular activities and/or service learning involvement:

Describe your involvement in community services:

Describe why this award is important to you:

What are your plans after leaving SUNY Broome:

**Note: Scholarships are incorporated into the student's financial aid package for the next year.*

Signature

Date

2014-2014 Dr. Judy U. Siggins Scholarship

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for Outstanding Achievement

Consent to Release Information

I, _____, give SUNY Broome Community College, and the Dr. Judy U. Siggins 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 SUNY Broome Community College permission to verify submitted materials including financial aid information, personal financial 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.

Student's signature _____ Date _____

*Signature of Foundation staff member _____ Date _____

Certification Form

I believe myself eligible for and hereby make application to receive a Dr. Judy U. Siggins Scholarship Award at SUNY Broome Community College. I certify that all statements made in this application are complete and accurate.

I understand that:

- Falsification in my application, 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)