BROOME COMMUNITY COLLEGE FOUNDATION, INC.

Second Chance Scholarships

up to $1,750/semester—up to *4 semesters!

Application Packet

Scholarship Criteria for Students:

- ✓ Must be enrolled at SUNY Broome;
- ✓ Must be economically and/or academically disadvantaged;
- ✓ Must be motivated to pursue an Associates' Degree to completion;
- ✓ Must demonstrate financial need by applying for Financial Aid-FAFSA on file;
- ✓ Must submit a completed application package containing:
  - Applicant Information Form
  - Autobiographical Summary Statement
  - Two academic references
  - Two personal references
  - Signed Consent & Certification Form

**To remain eligible to receive the scholarship for up to four semesters you must:*

Maintain a semester GPA of at least 2.0
Do not receive a grade of "D" or below

Broome Community College Foundation, Inc.
On-Campus: Darwin Wales Center, Room 201

Telephone: 607-778-5047
E-mail: Foundation@sunybroome.edu

DEADLINE: FRIDAY, OCTOBER 31, 2014 @ 4:30pm

BROOME COMMUNITY COLLEGE FOUNDATION, INC.

Second Chance Scholarship Application Instructions

General Application Instructions: *Please read the instructions very carefully. For consideration, all application materials must be completed and submitted and all other requirements met by the deadline.* ***Use a computer or type*** *if at all possible to ensure legibility since all materials will be copied.*

The **autobiographical summary** is particularly important. It provides you with the opportunity to explain your background and the obstacles you have had to deal with, your goals, and why you feel you would be a good candidate for this award.

Academic references should be obtained preferably from a faculty member at SUNY Broome Community College or from a teacher from another educational institution who can comment on your potential for academic success at SUNY Broome. **Personal references** may be provided by anyone (preferably not a family member) who knows you well.

You must be on record as having applied for Financial Aid. You must have a Free Application for Federal Student Aid (FAFSA) on file or complete and file a FAFSA as soon as possible, prior to the deadline. The Financial Aid Office is located in the Student Services Building, Room 111. Phone: 607-778-5028.

It is a requirement of this application process that you complete and sign the **Consent to Release Information and Applicant's Certification Form** in the presence of a staff member of the BCC Foundation, Wales Room 201. Office hours: 8:30 – 4:30, Monday through Friday.

All application requirements must be completed on or before the deadline. Completed packets must be received in Wales 201 by 4:30 p.m. on October 31, 2014.

Please call us at (607) 778-5047 with any questions.

BROOME COMMUNITY COLLEGE FOUNDATION, INC.

Second Chance Scholarship Program

Applicant Information Form

(Please use black ink and print as copies will be made)

Applicant's Name: _____Student B#:_____

Address: _____ City_____State _____ Zip _____

Birth Date: _____ High School _____

SUNY Broome Major_____

____ Full-time ____Part-time Expected SUNY Broome Graduation Date _____

Telephone: Home _____ Cell: _____Email: _____

Number of dependents: _____ Ages of dependents: _____

Did you file a FAFSA form for this academic year? _____

On-campus and/or community extra-curricular activities:_____

_____

_____

_____

_____

Note: Be sure to include all personal information that you think will be useful to the screening committee in your autobiographical summary.

DEADLINE: October 31, 2014 by 4:30 pm.

BROOME COMMUNITY COLLEGE FOUNDATION, INC.

Second Chance Scholarship Program

Applicant's Autobiographical Summary Statement – 500 words

Please type or, print neatly, and limit to 500 words. Be sure to sign and date your statement. Print your name below your signature. (Note: Your statement will be photocopied, so handwritten applications may be difficult to read.)

Please include the following in your summary statement: (Attach additional sheets if necessary)

- Fully describe specific obstacles you have had to deal with in your life and why you believe you deserve a "second chance" through this program;

- Educational goals:
  - Short - term goal
  - Long - term goal

- Other pertinent information, for example:
  - Language/cultural barrier
  - Health problems/disabilities: (e.g. physical disability, chemical dependence, etc.)
  - Learning disorders
  - Special circumstances related to financial status not reported on FAFSA

- Please discuss any past or current involvement as a volunteer or helper in your community. How has that involvement afforded others a second chance?

Also briefly include:

- Personal historical background

- Family history:
  - Marital status
  - Number of dependents

- Educational background

- Career goals

All information reviewed by the selection committee will be considered confidential.

PLEASE BE SURE TO SIGN AND DATE YOUR STATEMENT ON THE LAST PAGE.

BROOME COMMUNITY COLLEGE FOUNDATION, INC.

Second Chance Scholarship Program

Consent to Release Information Form

I, _____, give SUNY Broome Community College and the Second Chance Scholarship Program 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: financial, academic and personal references as well as to consult my academic record.

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

YOU MUST SIGN IN FRONT OF A BCC FOUNDATION STAFF MEMBER, W-201

Student's signature_____ Date_____

BCC Foundation Authorized Signature _____ Date _____

Certification Form

I believe myself eligible for and hereby make application to receive a Second Chance 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, transcripts or other attachments will disqualify my application; A selection committee appointed by SUNY Broome Community College will select scholarship recipients and 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

BROOME COMMUNITY COLLEGE FOUNDATION, INC.

Second Chance Scholarship Program

***Academic Reference*- You do not need to use this form. Please be sure to print your name and sign and date the completed reference letter.**

_____ is applying for a Second Chance Scholarship at SUNY Broome and has given your name as a reference. The Program assists economically and/or educationally disadvantaged students who require financial support to undertake post-secondary education successfully. Your careful assessment of the student's potential and motivation for academic work will be most helpful.

ALL MATERIALS INCLUDING REFERENCE LETTERS MUST BE RECEIVED in W201 ON OR BEFORE THE OCTOBER 31, 2014 DEADLINE *or the student will not be considered for this award.*

Signature: _____ Date:_____

_____
Please print your name

_____
Daytime phone number

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Signature: _____ Date:_____

_____
Please print your name

_____
Daytime phone number

BROOME COMMUNITY COLLEGE FOUNDATION, INC.

Second Chance Scholarship Program

***Personal Reference*- You need not use this form; if you choose not to, please be sure to write your name and sign and date the completed reference letter.**

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Please include in your letter:

- The reference's (your) relationship to applicant
- Subjective evaluation of the candidate's strengths and weaknesses
- Other pertinent information
- The reference's (your) signature, date, and a phone number where you can be reached.

You need not use this form; if you choose not to, please be sure to write your name and sign and date the complete reference.

ALL MATERIALS INCLUDING REFERENCE LETTERS MUST BE RECEIVED ON OR BEFORE THE OCTOBER 31, 2014 DEADLINE *or the student will not be considered for this award.*

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Signature: _____ Date: _____

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Please print your name *Daytime phone number*

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Signature: _____ Date: _____

_____ _____

Please print your name *Daytime phone number*