BROOME COMMUNITY COLLEGE FOUNDATION, INC.

Building a brighter future through your support!

announces the

James and Shirley Spalik Science Scholarship

Attention BCC Students:

The Foundation is pleased to announce this scholarship, which was endowed by former faculty member James Spalik and his wife Shirley Spalik. The winner will be selected from applications submitted by the February $15^{\rm th}$ deadline. For full consideration, applications should be typed or printed neatly. Awards will be announced in April and winners will be recognized at the Foundation's Scholarship Reception on May $2^{\rm nd}$. All recipients are urged to attend the reception and ceremony.

Requirements:

- Student must be a graduating senior and transferring to a 4-year college majoring in Science (applied or theoretical)
- Student must be a full-time student in the Division of Liberal Arts or Sciences, Technologies, Engineering and Mathematics.
- Student must have a minimum cumulative GPA of 3.2.

Application Deadline: Friday, February 15th at 4:30 PM

Applications must be received in the Foundation Office, oncampus, Wales Bldg., W-201 by the deadline.

For details: (607)778-5182 or email: foundation@sunybroome.edu

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JAMES AND SHIRLEY SPALIK SCIENCE SCHOLARSHIP APPLICATION

Student Name:		Student ID#
Address:		
Email Address:		
Phone #:	Cell# :	
Major:	Credits completed:	Cum. GPA: Graduation date:
	mic achievements, listing any ho	lease TYPE on a separate sheet) onors you have received, (e.g. Phi Theta Kappa
List the name and plyour work:	hone number of a BCC Faculty I	Member you have had who can comment on
Describe your extra- spend on this activit		C. Indicate how much time each semester you
What are your futur	re education and career goals?	
Signature		Date

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James and Shirley Spalik Science Scholarship

Consent to Release Information

I,, give Broome Community College, and the James and Shirley Spalik Science 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 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 mem a Notary Public.	aber of the BCC Foundation, 201 Wales Bldg. or		
Student's signature	Date		
*Signature of Foundation staff member	Date		
I believe myself eligible for and hereby make applie	cation Form cation to receive a James and Shirley Spalik Science . I certify that all statements made in this application		
 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)			