

**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 or applying to BCC;
- ✓ 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: Wales Admin. Building, Room 201**

**Telephone: 607-778-5047 Fax: 607-778-5539  
E-mail: [Foundation@sunybroome.edu](mailto:Foundation@sunybroome.edu)**

**DEADLINE: Friday, OCTOBER 25, 2013 @ 4:00pm**

# **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 Broome Community College or from a teacher from another educational institution who can comment on your potential for academic success at BCC. **Personal references** may be provided by anyone (preferably not a family member) who knows you well. ***Be sure to bring (or mail) the letters to the Foundation on or before the deadline. Mail to: BCC Foundation, PO Box 1017, Binghamton NY 13902-1017.***

**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: 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 – 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 4:00 p.m. on October 25, 2013.***

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 \_\_\_\_\_ BCC Major \_\_\_\_\_

\_\_\_\_\_ Full-time \_\_\_\_\_ Part-time Expected BCC 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 25, 2013.** All material must be received at the Foundation on or before that date.

BELOW INFO TO BE COMPLETED BY FOUNDATION OFFICE STAFF:

Credits Completed \_\_\_\_\_ Curr. Cred. hrs. registered \_\_\_\_\_ GPA \_\_\_\_\_

# **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 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 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 \_\_\_\_\_

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### *Certification Form*

I believe myself eligible for and hereby make application to receive a Second Chance Scholarship Award 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 appointed by 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*

















