**SENIOR SCHOLARSHIP**

DEADLINE FOR THE 2024-2025 SENIOR SCHOLARSHIP IS **April 1, 2025.**

Please read the application carefully.  Answer all questions truthfully and accurately.  Provide all requested information to the best of your knowledge. Incomplete applications may be rejected.

**Instructions**

1. Type or print legibly. Illegible applications will be returned to you. You may also download a copy of the application online <https://www.bakercountybands.org/post/band-booster-senior-scholarship>
2. If you have any questions about the application process, please e-mail BCBB at [president@bakercountybands.org](mailto:president@bcfia.org)

**Award Components**

Each year BCBB will select one [1] recipient to receive a one-time $1000 scholarship.

**Award Impact**

This award will help offset the cost of any books, tuition, or school supplies needed.

**The following requirements must be met by all applicants:**

1. Applicants must be a registered student at Baker County High School (BCHS) of Glen St. Mary, FL.
2. Applicants must be a senior student as defined through credit hours at BCHS.
3. Volunteer at Baker County Band Booster fundraiser events.
4. Submission of a 500-1000-word essay on the topic: **How has participating in the BCHS band program influenced your life?**
5. STUDENTS MUST HAVE AT LEAST A 3.0 GPA FOR CONSIDERATION.

**You are required to submit the following documents:**

1. Complete application form (if handwritten please print legibly).
2. Two letters of recommendation from your high school teachers (other than the band director), on letterhead, signed and dated. **OR** One letter of recommendation from your high school teachers (other than the band director), on letterhead, signed and dated **AND** one letter of character reference from a responsible person who is a respected and established member of the community. You may not use members of your immediate family, other applicants, or children.
3. A copy of your most recent report card or a letter from the Guidance Office stating your cumulative grade point average (GPA) status for the quarter or semester. This will be held in strict confidence.
4. A copy of the acceptance letter from the university, college, or technical/vocational school of your choice. If you have not received an acceptance by the scholarship application deadline, please provide a statement of intent which indicates your plans for post high school education. If you are chosen as the recipient of the scholarship, awarding of the funds will be contingent upon successful acceptance to a post-secondary educational facility.

Eligibility for scholarships is based upon character, and scholastic standing. College tuition, fees and book costs may be paid with the scholarship. The amount of the scholarship is contingent upon the financial endowment received by BCBB and fundraising activities.

The student needs to complete the [**application**](https://docs.google.com/document/d/17Yv4RLLwkt-2WwPu3OPBWPy4A3SXnuStE4GWSlAmHAk/edit#bookmark=id.gjdgxs) only once.

Please mail application and attached documents to:

**Baker County Band Boosters  
P.O. Box 1440  
Glen St. Mary, Florida 32040**

**SCHOLARSHIP APPLICATION**

|  |  |
| --- | --- |
| Please **type** or **print** your answers clearly. If application is illegible, it will be returned to you. | |
| Last Name: | First Name: |
| E-mail address: | |
| Mailing Address:  Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Daytime Telephone Number: | |
| Date of Birth Month \_\_\_\_\_\_\_\_\_\_ Day \_\_\_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_\_\_ | |
| I certify that I am a United States Citizen or a permanent resident of the United States of America (Circle one) YES NO | |
| I will be attending the following school in the Fall of 2023:  Proof of acceptance or current student enrollment from the above school is **required prior to receipt of funds**. | |
| Grade point average (GPA): \_\_\_\_\_\_\_\_\_\_ (On a 4.0 scale)  Attach proof of GPA. Could be a letter from the Guidance Office or most recent report card. | |
| Name and address of parent(s) or legal guardian(s)  Name (s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Street\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City \_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_  Home phone of parents or legal guardians: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| What is your major/degree? | |
| List your academic honors, awards, membership, and any band clinics, camps, or honor bands. | |
| List your community service activities, hobbies, outside interests, and extracurricular activities. | |

**The following items must be attached to this application to qualify for review by the scholarship committee.**

**Any application missing required documents will be returned to you. (NO EXCEPTIONS)**

|  |  |  |  |
| --- | --- | --- | --- |
| YES | NO |  | Completed, signed application form |
| YES | NO |  | Completed 500 –1000-word essay |
| YES | NO |  | Two letters of recommendation |
| YES | NO |  | A copy of your report card or letter from guidance showing proof of GPA. |
| YES | NO |  | A copy of your acceptance letter to your university, college, or vocational/technical school OR a statement of intent for post-secondary education. |
| **Checklist of things you have done. This is required to be considered for this scholarship.** | | | |
| YES | NO |  | Volunteered at BCBB fundraising events |

STATEMENT OF ACCURACY

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge.

I hereby understand that if chosen as scholarship winner, according to Baker County Band Boosters Scholarship policy, I must provide evidence of enrollment/registration at an accredited institution before my scholarship funds can be awarded.

I understand that the check will be written to the institution and not to me.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Scholarship Applicant Date

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Internal Use Only:**

Volunteer Coordinator:  Applicant has volunteered at BCBB fundraisers events. **YES   NO**