

Applicant No.
For BSCF use only

HILLARY TAYLOR MEMORIAL SCHOLARSHIP

Sponsored by the Bedford City Schools Foundation

Note: This scholarship form can be downloaded from our website:

www.bedfordfoundation.net

SCHOLARSHIP: *One (1) Scholarship to be awarded each year*

\$1,000 given per year (*renewable for an additional 3 years totaling \$4,000*)

Selection Committee: Board of Trustees of the Bedford City Schools Foundation

CRITERIA:

- Graduating Bedford High School Senior
- Personal Qualities: Scholarship, initiative, citizenship, community service, commitment to continuing education at a college or university, interest in pursuing law or photography and financial need.

Scholarship monies will be awarded to the winner at the Scholarship Breakfast in May.

The Applicant must complete all sections of the Application for consideration by the committee.

Please **type** in the following information. Hand written applications WILL NOT be accepted.

Name _____

(Last)

(First)

(MI)

Home Address _____

(City)

(Zip Code)

(Cell Number)

(Email)

(Parent/Guardian Cell Number / Landline)

(Birth Date)

(Age)

Expected College Major _____

College or University planning to attend: _____

(Signature of Applicant)

(Date)

I give permission, if awarded this scholarship, to have information about my current plans and current and future success accomplishments posted to the Bedford City Schools Foundation web site.

Signature of Applicant (or parent/guardian if under 18) _____

*Return application and sealed letter(s) of recommendation to the Registrar's Office by **Friday, March 22, 2024. NO APPLICATIONS WILL BE ACCEPTED AFTER THIS DATE.***

To the Applicant: Please explain how you possess each of the following qualities as demonstrated over the four years of your high school career. Use the space provided or attach no more than one additional page. Include examples of your activities. **Do not use your name.** **Information must be typed.**
Hand written applications WILL NOT be accepted.

- 1. **Scholarship/Initiative** (i.e., AP courses, Honors courses, Post-Secondary, summer workshops, etc.)

- 2. **School Services & Activities** (i.e., membership in school organizations, activities, tutoring, teacher assistant, etc.)

- 3. **Community Service.** (i.e., community service hours, volunteer activities performed in community, Boy/Girl Scouts, membership in community organizations, etc.)

- 4. **Leadership Roles.** (i.e., officer in an organization—school or community, captain/co-captain of a sports team, chairperson of project(s), taking a lead role in an activity, spearheading a project, initiatives taken, etc.)

- 5. **Financial Need.** (Briefly describe any family circumstances affecting financial need that the scholarship selection committee should consider. If left blank, committee assumes NO financial need exists.)

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BEDFORD CITY SCHOOLS FOUNDATION SCHOLARSHIP

Dear Counselor: Thank you for taking time to help this student by completing this form. The scholarship committee for Bedford Schools Foundation needs the information as requested below to determine the qualifications of this applicant for a Bedford City Schools Foundation Scholarship. **(BLACK INK)**

On what do you base your estimate of the applicant? (Please check all that apply.)

Personal Acquaintance

School Records

Report of Instructors

Other

In your opinion, what is the applicant's greatest strength?

Has the applicant maintained a definite and sincere interest in academic studies?

Definitely

To Some Extent

Unable to Judge

Does this student's overall attitude toward study lead you to believe that he/she will carry college work successfully? _____

Class Rank _____ **In a class of** _____ **(Grade Point Average)**

Please add any further information that would help differentiate this student's application. (Do not refer to the student by name, only as applicant.)

Briefly describe any family circumstances that could affect financial need that the scholarship selection committee should consider.

*Return this scholarship form to the Registrar's Office by **Friday, March 22, 2024.***

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BEDFORD CITY SCHOOLS FOUNDATION SCHOLARSHIP
Faculty Recommendation (other than counselor)

(Student's Name)

Personal Qualities: Scholarship, initiative, citizenship, school services & activities, community service, leadership roles, and financial need.

Please key in recommendation below or attach separate sheet to this form. (Do not refer to the student by name, only as applicant.) (Please use **BLACK INK** or a **TYPE.**)

Briefly describe any family circumstances that could affect financial need that the scholarship selection committee should consider.

*Return this letter of recommendation to the Registrar's Office by **Friday, March 22, 2024. NO APPLICATIONS WILL BE ACCEPTED AFTER THIS DATE.***

*Note: If the signature line is left blank, the faculty recommendation will not be considered.

(Faculty Member - PRINT)

(Title)

(Signature)

(Date)