FOR OFFICE USE ONLY SPONSOR#____ DUES YEAR ____ DATE PAID ____ ID

PLEASE CHECK OFF APPLICATION TYPE
UNDERGRADUATE
GRADUATE
CONTINUING EDUCATION

APPLICATION FOR BAA SCHOLARSHIP

	APPLICANT	Γ:					
		(FIRST)	(MIDDLE)	(MAIDEN)		(SURNAME)	
	ADDRESS.						
	TIBBICESS.	(STREET)		(CITY)	(STATE)	(ZIP CODE)	
	DAY PHON	NE: () EVENING PHONE: ()					
	EMAIL/FAX	Κ:		DATE OF BIRTH:			
	HIGH SCHO		GRADUATION YEAR:				
	COLLEGE/UNIVERSITY:			GRADUATION YEAR:			
	COLLEGE/UNIVERSITY YOU PLAN TO ATTEND:						
	(NAME OF INSTI	ΓUΤΕ)		(CITY)	(STATE)	(ZIP CODE)	
	SPONSOR:						
				(MAIDEN)		(SURNAME)	
	ADDRESS:_						
		(STDEET)		(CITV)	(STATE)	(ZIP CODE)	
	PHONE: () EMAIL: CLASS YEAR: _						
THE	FOLLOWIN	IG ITEMS	ARE REQUIII	RED FRO	M THE APPI	ICANT·	
A	THE FOLLOWING ITEMS ARE REQUIRED FROM THE APPLICANT: COMPLETED APPLICATION FORM						
В	AN OFFICIAL HIGH SCHOOL TRANSCRIPT (if applicable)						
<u>C</u>	LETTER OF ACCEPTANCE FROM THE INTENDED COLLEGE, UNIVERSITY OR INSTITUTE						
D	AN OFFICIAL UNDERGRADUATE TRANSCRIPT TO DATE (if applicable)						
E	AN ESSAY (State your educational goals & needs, work history, community activities & services. Also, express your relationship to Bradford and why you chose to apply for this scholarship)						
F	LETTER OF RECOMMENDATION FROM TEACHER, COUNSELOR, SUPERVISOR, ETC.						
G	COMPLETI	ED SPONSOR	VERIFICATION FO	ORM AND LE	ETTER OF RECOM	MENDATION	

ALL APPLICATION MATERIALS MUST BE RECEIVED IN ONE MAILING PRIOR TO OR ON THE DEADLINE DATE OR THE ENTIRE PACKET WILL BE RETURNED TO APPLICANT

For questions, contact the Bradford Alumni Association, Inc. at bradfordalumni1803@gmail.com
MAIL COMPLETED APPLICATION TO: Bradford Alumni Association, 145 South Bradford Street, North Andover, MA 01845