

FOR OFFICE USE ONLY

APPLICATION TYPE _____
SPONSOR # _____
DUES YEAR _____
DATE PAID _____
ID # _____

PLEASE CHECK OFF

____ UNDERGRADUATE
____ GRADUATE
____ CONTINUING EDUCATION

APPLICATION FOR BAA SCHOLARSHIP

APPLICANT:

(FIRST) (MIDDLE) (MAIDEN) (SURNAME)

ADDRESS:

(STREET) (CITY) (STATE) (ZIP CODE)

DAY PHONE: (____) _____ EVENING PHONE: (____) _____

EMAIL/FAX: _____ DATE OF BIRTH: _____

HIGH SCHOOL: _____ GRADUATION YEAR: _____

COLLEGE/UNIVERSITY: _____ GRADUATION YEAR: _____

COLLEGE/ UNIVERSITY YOU PLAN TO ATTEND:

(NAME OF INSTITUTE) (CITY) (STATE) (ZIP CODE)

SPONSOR:

(FIRST) (MIDDLE) (MAIDEN) (SURNAME)

ADDRESS:

(STREET) (CITY) (STATE) (ZIP CODE)

HOME PHONE: (____) _____ CELL PHONE: (____) _____ CLASS YEAR: _____

THE FOLLOWING ITEMS ARE REQUIRED FROM THE APPLICANT:

- A _____ A COMPLETED APPLICATION FORM
- B _____ AN OFFICIAL HIGH SCHOOL TRANSCRIPT (if applicable)
- C _____ A LETTER OF ACCEPTANCE FROM THE INTENDED COLLEGE, UNIVERSITY OR INSTITUTE
- D _____ AN OFFICIAL UNDERGRADUATE TRANSCRIPT TO DATE (if applicable)
- E _____ AN ESSAY (State educational goals, community service and work history and/ or school activities. Reflect on Bradford's values and mission "Surgo Ut Prosim" and how this connects you to the BAA.)
- F _____ A LETTER OF RECOMMENDATION FROM TEACHER, COUNSELOR, SUPERVISOR, ETC.
- G _____ COMPLETED SPONSOR VERIFICATION FORM AND LETTER OF RECOMMENDATION
(Self-sponsored applicants should include a second academic or professional recommendation.)

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:
145 South Bradford Street, North Andover, MA 01845,
by phone, (978) 886-4342 or Bradfordalumni@aol.com