



**2023/2024 SCHOLARSHIP APPLICATION**

Name of Student: \_\_\_\_\_

Address of Student: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone #: \_\_\_\_\_

Email address: \_\_\_\_\_

Name of High School: \_\_\_\_\_

Address of High School: \_\_\_\_\_

\_\_\_\_\_

High School Telephone #: \_\_\_\_\_

Guidance Counselor Name: \_\_\_\_\_

Guidance Counselor Telephone: \_\_\_\_\_

Guidance Counselor Email: \_\_\_\_\_

**Recommendation 1:**

Name: \_\_\_\_\_

Contact Telephone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

**Recommendation 2:**

Name: \_\_\_\_\_

Contact Telephone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

1. Attach a typewritten essay of approximately 500 words about your interest in and commitment to science education.
2. Attach a sample of school work to demonstrate commitment to the sciences (copy of a paper written for a science class, or summary of a project, etc.
3. Attach two letters of recommendation (one from a school counselor or teacher and one from another adult who is not related to you, for example, another teacher, an employer, troop leader, minister or pastor)—just include names, telephone #'s, and email addresses below. An email to your contacts will be sent and they will be able to send their recommendation directly to the Foundation at the following address:

Donna Bordeau, Treasurer  
Liann Bordeau-Buck Memorial Foundation  
P.O. Box 13  
Pittsfield, MA 01202

4. Attach an Official high school transcript through midterm period of second semester senior year **NOTE:** if you don't have access to an official transcript due to school closings, please send an unofficial version and ask your counselor to email a copy of the official version to the attention of Donna Bordeau at:  
[donnabordeau@liannbordeau-buckfoundation.org](mailto:donnabordeau@liannbordeau-buckfoundation.org)
5. Attach a list of other scholarships received or pending.
6. Attach letter of acceptance from college or post-secondary institution.
7. Optional: Attach official copy of SAT or ACT scores (only for students who were able to take a test; not applicable for those who have chosen not to take the test)

I certify that all the statements made in this application form are true, complete and correct to the best of my knowledge and belief and are made in good faith.

Print Student Name: \_\_\_\_\_

Signature of Student: \_\_\_\_\_

Date: \_\_\_\_\_

**This Section is to be completed by Guidance Counselor:**

Date of Graduation: \_\_\_\_\_

Cumulative GPA: \_\_\_\_\_ Verbal SAT Score: \_\_\_\_\_ Math SAT Score: \_\_\_\_\_

Rank in Class \_\_\_\_\_ Class Size \_\_\_\_\_

Guidance Counselor Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_