William G. Broughton Fellowship for Outstanding Achievement:

1. Applicant must be a current or former member of Girls Inc. of the Greater Capital Region.

2. Applicant must possess an interest and/or talent with exceptional potential that could be developed through additional training.

3. Eligibility is based solely on merit and potential, not a financial need, age, sex, race or other background factor.


5. Applicant must submit a clearly written description of the educational or training program in which the applicant wishes to participate.

6. Applicant must submit a transcript of high school record, GED scores, or college/university record.

7. Applicant must demonstrate the personal drive and commitment to complete the program of training and study.

8. The successful applicant must use the award within 12 months following the announcement of the Broughton Fellowship and is asked to share the learning experience in some way with Girls Inc. of the Greater Capital Region.

The William G. Broughton Fellowship for Outstanding Achievement is an award given to assist a present or former member of Girls Inc. of the Greater Capital Region in pursuing any field of endeavor in which she/he has a developing talent or ability. This can be academic pursuit (college, trade school, and graduate school), an athletic skill (such as gymnastics camp) or artistic or technical interest (such as computer training or music lessons). This scholarship will be awarded in May at Girls Night Out.

Checklist:
- Application completed
- Written questions section completed (page 4)
- 2 Recommendation Letters (pages 6 & 7)
- Official High School Transcript or GED scores (sent by High School Guidance Office)
- Essay describing program scholarship to be used for.

***Deadline – must be submitted by April 6th***
Scholarship Application

Name: _____________________________________________________________________________

Address: __________________________________________ Street City State Zip

Phone No.: ___________________________ Social Security Number: __________________________

Date of Birth: __________________________

High School you will be graduating/have graduated from: __________________________________

Graduation Date: __________________________ Type of Diploma: __________________________

When were you a member of Girls Inc. of the Greater Capital Region? __________________________

Describe your involvement at Girls Inc. of the Greater Capital Region: __________________________

College/School you plan to attend: __________________________ Accepted? __________

Proposed Major: __________________________

Career Goal: __________________________

Field or Academic Course of Excellence: __________________________

Mother’s Name & Phone: __________________________

Mother’s Address: __________________________

Mother’s Occupation & Business Phone: __________________________

Father’s Name & Phone: __________________________

Father’s Address: __________________________

Father’s Occupation & Business Phone: __________________________
Brothers, sisters other dependents in family (give ages):

___________________________________________________________

___________________________________________________________

Honors and Activities in High School, Followed by Year (Freshman, Sophomore, Junior, Senior) – Additional sheet may be attached if necessary.

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

Has candidate been awarded any other scholarships? If so, please list them:

___________________________________________________________________________________

___________________________________________________________________________________

Details of current financial obligations (car payment, mortgage, etc.):

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<th>Name of Lender</th>
<th>Amount</th>
<th>Method of Payment</th>
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Employment & Volunteer Experience (to be completed by applicant):

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<th>Employer</th>
<th>Duties</th>
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Please write short answers to the following questions:

1. How would you use this scholarship and when? Please give a description of the program and the cost.

2. What do you expect to gain from the experience?

3. Your obligation as a scholarship recipient is to share your learning experience with members of Girls Inc. of the Greater Capital Region. How would you go about doing this?
Permission to Release Information

“I give permission to Girls Inc. of the Greater Capital Region to receive information from my high school regarding my grades and financial aid.”

Signature of Applicant ___________ Date ___________ Signature of Parent ___________ Date ___________

All application materials (official high school transcript or GED scores, personal letter, completed application, and letters of recommendation) are due by April 6th. Return to Scholarship Committee at address provided.

Please return by April 6th to:
SCHOLARSHIP COMMITTEE
Girls Inc. of the Greater Capital Region
962 Albany St
Schenectady, NY 12307
Recommendation Form

________________________________ has applied for the Broughton Scholarship awarded by Girls Inc. of the Greater Capital Region to pursue education in a field of interest. We would appreciate your honest appraisal of this candidate. Please feel free to either use this form, or write a letter including answers to these questions. Thank you for your cooperation.

1. What is your relationship with the applicant?

2. Please describe any particular talents or academic achievements that you have observed in the applicant.

3. What growth would you expect to take place during further training or education?

4. Are there areas of work that require particular attention? Is there anything that would be helpful for us to know in assisting this applicant?

_________________________ __________________________
Date Signature of Reference

_________________________
Name of Reference

_________________________
Daytime Phone number

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_________________________________________  ______________________________
Date                                             Signature of Reference

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Name of Reference

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