#### 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.
- 4. Applicant must submit **2 letters of recommendation** (applicant's choice school, community no relatives).
- 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 6<sup>th</sup>\*\*\*

## **Scholarship Application**

Name:			
Address:			
Street	City	State	Zip
Phone No.:	Social Security I	Number.:	
Date of Birth:	-		
High School you will be graduating/have g	raduated from:		
Graduation Date:	Type of Diploma:		
When were you a member of <b>Girls Inc. of the Greater Capital Region</b> ?			
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 Additional sheet may be attac	School, Followed by Year (Freshman, S hed if necessary.	Sophomore, Junior, Senior) –
Has candidate been awarded any other scholarships? If so, please list them:		
Details of current financial obl	igations (car payment, mortgage, etc.):	
Name of Lender	<u>Amount</u>	Method of Payment
Employment & Volunteer Exp	erience (to be completed by applicant):	
<u>Employer</u>	<u>Duties</u>	<u>Dates</u>

### 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 <b>Girls Inc. of the Greater Capital Region</b> . How would you go about doing this?

#### **Permission to Release Information**

"I give permission to <b>Girls Inc. of the Greater Capital Region</b> to receive information from my high school regarding my grades and financial aid."			rom my
Signature of Applicant	Date	Signature of Parent	 Date
	rs of recommenda	cript or GED scores, personal letter, ation) are due by <b>April 6<sup>th</sup>.</b> Return to	0

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

#### **Recommendation Form**

appred	ciate	of the Greater Capital Region to purs	lied for the Broughton Scholarship awarded by sue education in a field of interest. We would e. Please feel free to either use this form, or s. Thank you for your cooperation.
	1.	What is your relationship with the app	olicant?
	2.	Please describe any particular talents observed in the applicant.	s or academic achievements that you have
	3.	What growth would you expect to tak	e place during further training or education?
	4.	Are there areas of work that require properties would be helpful for us to know in ass	particular attention? Is there anything that sisting this applicant?
Date			Signature of Reference
			Name of Reference
			Daytime Phone number
SCHO Girls I 962 A	LAR nc. o lban	turn by April 6 <sup>th</sup> to: RSHIP COMMITTEE of the Greater Capital Region ny St ady, NY 12307	

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