Teri Bordenave Scholarship Criteria:

- 1. Applicant must be a current or former member of Girls Inc. of the Greater Capital Region.
- 2. Applicant must have a **B** average or higher (must submit an official transcript from college or university).
- 3. Applicant must submit **2 letters of recommendation** (applicant's choice school, community no relatives).
- 4. Applicant must submit a **clearly written essay** describing the educational or training program in which the applicant wishes to participate.
- 5. Funds can be used for college tuition, and related college expenses (such as books, lab or studio fees, etc.)
- 6. Funds can be used for either first or subsequent years of college tuition assistance.
- 7. The successful applicant **must use the award within 12 months** following the announcement of the Teri Bordenave Scholarship and is asked to share the learning experience in some way with **Girls Inc. of the Greater Capital Region**.

This scholarship was created in honor of long-time President/CEO Teri Bordenave by our Board of Directors. Teri wanted to ensure there were scholarship funds available to young women in the first and subsequent years of college. Expenses related to the second and subsequent years may be a bigger challenge for young women and deter them from finishing their college education.

This Scholarship is different from the pre-existing scholarship funds that are distributed by **Girls Inc. of the Greater Capital Region**, and comes to mind because of the many times we'd heard from girls looking for funds to help with the costs of college after the first year. It seems that most scholarship programs – including those at **Girls Inc. of the Greater Capital Region** - only focus on that first year, which leaves kids with a bigger challenge for years 2 and beyond.

Checklist:

| Application completed |
|---|
| Written questions section completed (page 4) |
| 2 Recommendation Letters (pages 6 & 7) |
| Official Transcript (sent by College or University Registrar's office |
| Essay describing program scholarship to be used for. |

Deadline – must be submitted by April 6th

Scholarship Application

| Name: | | | |
|---|-----------------------------|-------|-----|
| Address:Street | Cia. | Ctata | 7:5 |
| | | State | Zip |
| Phone No.: | Social Security Number | r: | |
| Date of Birth: | | | |
| High School you will be graduating 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 | | | |
| College/School you plan to attend: | | | _ |
| 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 awarde | ed any other scholarships? If so, please | list them: |
| Employment & Volunteer E | xperience (to be completed by applicant) |): |
| <u>Employer</u> | <u>Duties</u> | <u>Dates</u> |
| | | |

Please write short answers to the following questions:

1.

| 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? |
| | |
| | |

Your obligation as a scholarship recipient is to share your learning experience with members of 3. 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 college/university regarding my gr | | . • | on from my |
|---|------|---------------------|------------|
| Signature of Applicant | Date | Signature of Parent | Date |
| All application materials (official colletters of recommendation) are duprovided. | | | |

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 Teri Bordenave 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 use the back of this form to provide additional information. Thank you for your cooperation. | | | | |
|---|--|--|------------------------|--|
| | 1. | What is your relationship with the application | cant? | |
| | 2. | . Please describe any particular talents or academic achievements that you have observed in the applicant. | | |
| | 3. | 3. What growth would you expect to take place during further training or education? | | |
| | 4. | Are there areas of work that require par would be helpful for us to know in assist | | |
| Date | | | Signature of Reference | |
| | | | Name of Reference | |
| Please return by April 6 th to: SCHOLARSHIP COMMITTEE Girls Inc. of the Greater Capital Region | | | | |
| | 962 Albany St Schenectady, NY 12307 | | | |

has applied for the Teri Bordenave 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 use the back of this form to provide additional information. 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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