2013-2014 Broken Arrow Community Foundation Inc. Complete College Scholarship

OFFICE OF THE DEAN NORTHEASTERN STATE UNIVERSITY 3100 East New Orleans Broken Arrow, OK 74014 FAX (918) 449-6019

To be considered for a 2013-2014 Complete College Scholarship, application must be received by Friday, May 10, 2013 by 5 p.m.

- Must be an adult student, 25 years or older
- Must be a student that previous college or university studies have been disrupted for various reasons with a break in studies of two or more years
- Must be a resident of the Broken Arrow metropolitan area, living within any of the following: the City of Broken Arrow, the Broken Arrow School District, or with a Broken Arrow postal service Zip code.
- Shall have completed 70 or more accredited college credit hours that are acceptable toward a degree plan at Northeastern State University-Broken Arrow
- Attach official transcripts from each higher education institution previously attended
- Must be a junior or senior enrolled in part-time (6 credit hours) or full-time (12 credit hours) undergraduate studies each semester during the time the scholarship are effective

Name	Jame		SSN			Date of Birth	
	First		551				
Mail Address	Street/PO Box				County		
	Street/PO Box	City	State	Zip			
Telephone		Are you	a U.S. Citizen? □Y	es 🗆 No			
Sex Male □	Female □						
Higher education	n institutions previous	ly attended.			From	To	
Educational Deg	ree you are wishing t	o pursue					
Why is a college	e degree important to	vou?					

Please **PRINT** brief, yet specific, information relating to civic and/or volunteer activities in which you have participated (examples provided).

ACTIVITY	RESPONSIBILITIES	ACCOMPLISHMENTS	TIME COMMITTED
Example: Northeastern High School STUCO *Organization of NSU County Literacy Program./ Jr. Class Rep	Present publicity to NSU County Residents about program. Record participant information and program progress.	NSU county. Received Mayor's Honorable	2010-2011 (2 hours/week for 14 weeks)

Signature of Applicant _____ Date _____

2013-2014 Complete College Scholarship Evaluation Form

Applicant's Name

The entire Complete College Scholarship application should be returned to the Office of the Dean, 3100 East New Orleans, Broken Arrow, OK 74014 no later than Friday, May 10, 2013 by 5 p.m. At least one and no more than three confidential evaluations are to be completed by **individuals who are familiar with the applicant's accomplishments**. The confidential evaluation(s) should be placed in sealed envelope(s) accompanying the Complete College Scholarship Application.

Characteristics	Exceptionally	Very	Somewhat	Unable to Respond	Recommend
Shows Leadership Qualities					
Energetic					
Skilled In Interpersonal Interaction					
Responsible					
Skilled In Written Communication					
Cooperative					
Honest					
Academically Motivated					
Skilled in Oral Communication					
Organized					
Creative					

If there are any additional, exceptional or extenuating circumstances you wish to provide concerning this applicant, please use the space below for your comments. A letter of recommendation may be attached but is not required.

Evaluator's Name (printed)

Evaluator's Signature

Date

Evaluator's Title

EVALUATOR – Please enclose the recommendation in an envelope, seal the envelope, sign your name across the seal, and return it to the applicant.