

Bridgewater Transitions Scholarship

Answers for questions 1 through 4 must be typed. You may attach typed or computer-generated materials to this application. Return the application to Beth Vezina in E-103 by March 15, 2019.

Scholarship Requirements:

- ◆ G.P.A. \geq 3.0
- ◆ Massachusetts Resident
- ◆ Associate's Degree by August 2019
- ◆ Plan to attend Bridgewater State College in Fall 2019
- ◆ Part-time students are eligible
- ◆ Not open to students who have previously attended Bridgewater State University
- ◆ **Must Qualify for Financial Aid at Bridgewater State University**

Name _____

Program _____

Concentration _____

Student I.D. _____

G.P.A. _____

Address _____

Phone _____

Cell Phone _____

Email _____

Expected Date of Graduation _____

Do you qualify for financial aid at Bristol Community College? _____

Have you submitted a FAFSA to Bridgewater? _____ If so, when? _____

Which courses, if any, do you plan to take this summer? _____

Have you submitted an application to Bridgewater? _____ If so, when? _____

1. Please indicate current educational and career plans.
2. Briefly describe any volunteer community or college service activities in which you have participated. **IMPORTANT - please indicate dates of service and the number of hours per week or month you devote to these activities. The Transfer Scholarship Committee cannot evaluate your work without them.**
3. Indicate involvement in other activities outside the classroom - for example, employment, family responsibilities, etc. **If employed, indicate full- or part-time and state number of hours worked per week.**
4. Please write an essay of no more than 500 words on the following topic: *Evaluate a significant challenge you have met, risk you have taken, or ethical dilemma you have faced, and describe its impact on you.* **Type the essay, write your name on it and attach it to this application.**
5. Please attach **official** transcripts from **all** colleges you have attended including BCC.

I certify that the information I have provided is accurate and complete. By signing this form I give the Nominating and Selection Committees access to my records.

Signature _____

Date _____