

2017-2018 Broken Arrow Chamber of Commerce Scholarship Application

OFFICE OF THE DEAN NORTHEASTERN STATE UNIVERSITY
3100 East New Orleans (Administration Building 2nd Floor)
Broken Arrow, OK 73014
Phone: 918-449-6100
Fax: 918-449-6019

To be considered for a 2017-2018 BACOC Scholarship, application must be received by Friday, June 2, 2017.

- » Must be a student taking classes on the NSUBA campus.
- » Must be a junior or senior enrolled part-time (6 credit hrs) or full-time (12 credit hrs) in undergraduate studies or graduate student enrolled part-time (5-8 credit hrs) or full-time (9 or more hrs) in graduate studies.
- » Must have a 3.0 GPA (on a 4.0 scale). A recent history of community service must be evident.
- » Current resident within the city limits of Broken Arrow or a graduate of Broken Arrow High School.
- » At least one (and no more than three) recommendation form(s) should be completed by a current instructor or other appropriate individual(s) familiar with the student's accomplishments. Recommendation forms must be submitted in sealed envelopes with the evaluator's signature across the seal of the envelope.

**Recipients will be notified early August, 2017.*

PLEASE TYPE OR PRINT CLEARLY IN INK.

APPLICANT INFORMATION

E-mail Address _____

Name _____ NSU ID# _____ Date of Birth _____
Last First MI If Applicable

Mail Address _____ County _____
Street/PO Box City State Zip

Telephone _____ Are you a U.S. Citizen? Yes No Are you an Oklahoma Resident? Yes No

Sex Male Female

High School Attended _____ Graduation Year _____

College major or major code listed on back of application for admission _____

Have you previously applied for this scholarship? If so, when? _____

Discuss the features and benefits of attending NSUBA. _____

2017-2018 Broken Arrow Chamber of Commerce Scholarship Evaluation Form

Student Name _____

The entire BACOC application should be returned to the Office of the Dean, 3100 East New Orleans, Broken Arrow, OK 74014 no later than June 2, 2017. At least one and no more than three confidential evaluations are to be completed by individuals who are familiar with the student's accomplishments. The confidential evaluation(s) should be placed in sealed envelope(s) accompanying the BACOC Application.

Characteristics	Exceptionally	Very	Somewhat	Unable to Respond	Recommend
Shows Leadership Skills					
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 student, please use the space below for your comments. A letter of recommendation may be attached but is not required.

Evaluators Name (printed)

Evaluators Signature

Date

Evaluators Title

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

Broken Arrow Chamber of Commerce Scholarship Application Civic/Volunteer Activity Form

Name _____
Last First MI

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.	Worked with 50+ elementary students in NSU county. Received Mayor's Honorable Recognition for Achieve- ment	2010-2011 (2 hrs./wk. for 14 weeks)

 Signature of Applicant

 Date