



# Samuel H. Scripps BAM Scholarship Fund

## Scholarship Application & Questionnaire

This form is designed to collect information about your background, interests, academics, demonstrated leadership, and career plans. Your answers to these questions will be used only in connection with your application for the scholarship program and will be reviewed by an independent scholarship selection committee of education professionals.

Please TYPE or PRINT LEGIBLY. You may, if you wish, type your responses on a computer (no smaller than 10 point type) and paste them into the spaces provided below each question, or attach additional pages as necessary. The completeness, neatness, and legibility of your replies will allow for a complete and comprehensive review of your credentials.

### APPLICANT INFORMATION

#### LEGAL NAME

Last

First

MI

#### PERMANENT HOME ADDRESS

#### Number and Street

City

State

Zip Code

#### GENDER

Female  Male

#### E-MAIL ADDRESS

#### TELEPHONE NUMBER

#### DATE OF BIRTH

Month

Day

Year

#### SOCIAL SECURITY NUMBER

### EDUCATION

Provide the name and location of your high school.

School Name

City

State

Zip Code

Enter your actual or expected graduation or degree completion dates.

(MM/YY format)

High School

Undergraduate

Graduate (if applicable)

Indicate your academic level as of September 2010:

1<sup>st</sup> year Undergraduate student <sup>(H)</sup>

2<sup>nd</sup>/3<sup>rd</sup>/4<sup>th</sup> year Undergraduate student <sup>(C)</sup>

Graduate/Professional student <sup>(G)</sup>

What college do you attend or plan to attend? (include campus city/state)

What is your planned major/course of study?

Other than the high school named above, list all schools that you attended in the *last three years*. List first the school you attended most recently.

Name of School	Location (City and State)	Dates of Attendance
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

### BAM PARTICIPATION & INVOLVEMENT

How many Brooklyn Academy of Music arts education programs have you participated in? \_\_\_\_\_

(please note that each residency counts as one program)

Please detail your BAM participation on the grid at the top of the next page. Be as detailed as possible within the space provided. (You may also attach a separate document, but it must follow the same format as the grid provided.)

BAM Program Name	Program Dates (month & year)	Program (check all that apply)
_____	_____	<input type="checkbox"/> Mainstage Presentation <input type="checkbox"/> In-Classroom Residency <input type="checkbox"/> Other (please specify): <input type="checkbox"/> Movie Screening Program <input type="checkbox"/> After-School Series
_____	_____	<input type="checkbox"/> Mainstage Presentation <input type="checkbox"/> In-Classroom Residency <input type="checkbox"/> Other (please specify): <input type="checkbox"/> Movie Screening Program <input type="checkbox"/> After-School Series
_____	_____	<input type="checkbox"/> Mainstage Presentation <input type="checkbox"/> In-Classroom Residency <input type="checkbox"/> Other (please specify): <input type="checkbox"/> Movie Screening Program <input type="checkbox"/> After-School Series
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_____	_____	<input type="checkbox"/> Mainstage Presentation <input type="checkbox"/> In-Classroom Residency <input type="checkbox"/> Other (please specify): <input type="checkbox"/> Movie Screening Program <input type="checkbox"/> After-School Series

**SCHOOL AND COMMUNITY ACTIVITIES**

List activities in which you have participated during the *last three years*. (School clubs, student government, publications, varsity or club sports, theater arts, Beta Club, Scouting, 4-H, etc.). Do not include any BAM programs listed above. Please define any acronyms.

Activity	Dates of Participation	Office/Position Held (indicate either Elected or Appointed)	Awards or Honors
_____	_____	<input type="checkbox"/> Elected <input type="checkbox"/> Appointed	_____
_____	_____	<input type="checkbox"/> Elected <input type="checkbox"/> Appointed	_____
_____	_____	<input type="checkbox"/> Elected <input type="checkbox"/> Appointed	_____
_____	_____	<input type="checkbox"/> Elected <input type="checkbox"/> Appointed	_____
_____	_____	<input type="checkbox"/> Elected <input type="checkbox"/> Appointed	_____
_____	_____	<input type="checkbox"/> Elected <input type="checkbox"/> Appointed	_____
_____	_____	<input type="checkbox"/> Elected <input type="checkbox"/> Appointed	_____

List community agencies or organizations in which you have participated **without pay** during the *last three years*. (Religious groups, hospital volunteer, cultural activities, outreach programs, etc.).

Name of Agency or Organization	Kind of Activity	Dates of Participation	# of Hours
_____	_____	_____	<input type="checkbox"/> per week <input type="checkbox"/> per year
_____	_____	_____	<input type="checkbox"/> per week <input type="checkbox"/> per year
_____	_____	_____	<input type="checkbox"/> per week <input type="checkbox"/> per year
_____	_____	_____	<input type="checkbox"/> per week <input type="checkbox"/> per year

If you listed a leadership role in one or more of the non-BAM activities or organizations cited above, please choose one, detail your responsibilities, and explain the significance of your contribution to the organization. How were you able to incorporate the skills, knowledge and qualities gained from your experiences at BAM into your leadership role?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List jobs (including summer employment) you have held in the *last three years*.

Job or Type of Work	Employer or Type of Business	Period of Employment	Dates of Employment	Hours per Week
_____	_____	<input type="checkbox"/> Summer <input type="checkbox"/> School Year	_____	_____
_____	_____	<input type="checkbox"/> Summer <input type="checkbox"/> School Year	_____	_____
_____	_____	<input type="checkbox"/> Summer <input type="checkbox"/> School Year	_____	_____

Of all your non-BAM courses, activities, internships and work experience, which one did you find most rewarding or personally satisfying? Why?

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Please describe your past experience in the art form in which you intend to major/concentrate.

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### **FAMILY INFORMATION**

Enter complete information about your family below.

	Parent/Guardian/Other	Parent/Guardian/Other
Name	<hr/>	<hr/>
Relationship to the Applicant (you)	<hr/>	<hr/>
Occupation/Title	<hr/>	<hr/>
Employer's Name	<hr/>	<hr/>

Please describe your parents' relationship to each other:  
 Divorced       Domestic Partners       Married  
 Separated       Unmarried       Widowed

Brother(s):    Number \_\_\_\_    Age(s) \_\_\_\_\_    Sister(s):    Number \_\_\_\_    Age(s) \_\_\_\_\_

Enter the name(s) of the parent(s) or guardian(s) or other person(s) you live with, *if different from above*.

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How has a family member or a family experience been influential in your life?

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### **FUTURE GOALS**

Based on your current achievements and interests, describe the kind of work that you plan to be doing in 10 years, both in your career and in your community.

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**RECOMMENDATION REQUIREMENT**

Two letters of recommendation are required:

- The **first letter** of recommendation should be provided by a guidance counselor, teacher/professor, or school official who is familiar with your academic work.
- The **second letter** may come from a similar academic source, or from a personal contact (*not a friend, classmate, or family member*) who can directly address the interests you have explored through BAM's arts education programs.

**NOTE TO ALL APPLICANTS**

*It is your responsibility* to ensure that your school and/or college releases the requested information by **JANUARY 29, 2010**. Additionally, *it is your responsibility* to ensure that all supplemental materials required for your award category are mailed no later than **JANUARY 29, 2010**.

**Current High School Seniors:** PLEASE SIGN BELOW AND GIVE THIS FORM TO YOUR HIGH SCHOOL OFFICIAL FOR COMPLETION.

**Current First Year Undergraduate Students:** Please sign the authorization/certification and give this form to your high school official for completion. In addition, please request that your college transcript with first semester grades (when available) be sent to the address below.

**Current 2<sup>nd</sup>/3<sup>rd</sup>/4<sup>th</sup> Year Undergraduate:** Please sign the authorization/certification and submit this form to the address below. In addition, please request that your college transcript with first semester grades (when available) be sent to the address below.

**Current Graduate Students:** Please sign the authorization/certification and submit this form to the address below. In addition, please request that your full college transcript(s) and current graduate/professional transcript with first semester grades (when available) be sent to the address below.

**AUTHORIZATION/CERTIFICATION**

Please review your responses, sign your name below, and (if instructed above) give this form to a school official for completion. Your signature will authorize your school to release the information requested, including class rank and test scores, and certify that all information you entered on this form is accurate and true.

Student's Name (Please Print) \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

**STUDENT – DO NOT WRITE ANYTHING BELOW THIS LINE**

**SCHOOL INFORMATION & EVALUATION** – To be completed by high school guidance counselor/school official.

Complete the information requested below, sign the form, and attach an **official transcript** of the student's grades that *includes the senior year courses* being taken. **If a school profile is available, include one with this form. Completion of this section cannot serve as a substitute for one of the student's required letters of recommendation.**

Please provide the following information regarding the applicant's academic record.

Student's Class Rank

Student's Class Size

Student's GPA  •   Weighted  
 Unweighted

GPA Scale  •

Standardized Test Scores  
(note: all SAT scores reported below must be from the SAME test administration.)

<b>ACT</b>	Test Date _____	Composite Score	<input type="text"/> <input type="text"/>
<b>SAT</b>	Test Date _____	Critical Reading	<input type="text"/> <input type="text"/> <input type="text"/>
	Writing	Math	<input type="text"/> <input type="text"/> <input type="text"/>

Please rate the level of difficulty of the courses this student has taken and passed:  
 Most Difficult       Above Average       Average       Below Average

Based on your knowledge of the applicant, please reply to each of the following statements by checking the box that most closely matches your professional opinion of the applicant's capabilities. *Check only one box per statement.*

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
This student possesses a high level of academic ability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This student's academic performance has been exceptional.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This student is highly involved in extracurricular/co-curricular activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This student has demonstrated excellent leadership ability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This student has the self-discipline to excel in a variety of environments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This student is highly responsible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for taking the time to assist with this scholarship application.

Your signature below indicates that you have reviewed the applicant's responses and certify that they are correct, insofar as the official school records indicate.

\_\_\_\_\_  
 Name & Title of School Official

\_\_\_\_\_  
 Signature of School Official

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Telephone Number

\_\_\_\_\_  
 High School Code

*Please make certain to include an official transcript.  
 Mail all scholarship materials by **JANUARY 29, 2010** to:*

**SAMUEL H. SCRIPPS BAM SCHOLARSHIP FUND  
 ETS SCHOLARSHIP & RECOGNITION PROGRAMS  
 PO BOX 6730  
 PRINCETON NJ 08541**