

Please note: Acceptance to the Bucknell Community College Scholars Program does not guarantee admittance to Bucknell University. Scholars must apply for admission to Bucknell after completing the summer program. See www.bucknell.edu/CommunityCollegeScholars for more information.

PERSONAL DATA

LEGAL NAME _____
Last/Family First Middle (complete) Jr., etc.

MALE FEMALE

PREFERRED FIRST NAME _____ FORMER LAST NAME(S) (if any) _____

BIRTH DATE _____ E-MAIL ADDRESS (print clearly) _____
mm/dd/yyyy

PERMANENT HOME ADDRESS _____
Number and Street Apartment #
City or Town State/Province ZIP/Postal Code Country

HOME PHONE _____ CELL PHONE _____
Area Code Area Code

CITIZENSHIP US CITIZEN DUAL US CITIZEN (Please specify other country of citizenship) _____
 US PERMANENT RESIDENT VISA; Citizen of _____ ALIEN REGISTRATION NUMBER _____
 OTHER CITIZENSHIP _____
Country(ies) Visa Type

POSSIBLE AREA(S) OF ACADEMIC CONCENTRATION/MAJOR(S) _____
 UNDECIDED

OPTIONAL DATA

The following items are optional. No information you provide will be used in a discriminatory manner.

PLACE OF BIRTH _____
City State/Province Country

SOCIAL SECURITY NUMBER (if any) _____

FIRST LANGUAGE (if other than English) _____

LANGUAGE SPOKEN AT HOME _____

MARITAL STATUS Never Married
 Married
 Widowed
 Separated
 Divorced (date) _____
mm/dd/yyyy

If you wish to be identified with a particular ethnic group, please check all that apply:

- AFRICAN AMERICAN, AFRICAN, BLACK
- NATIVE AMERICAN, ALASKA NATIVE
Date Enrolled _____ Tribal Affiliation _____
- ASIAN AMERICAN
Countries of family's origin _____
- ASIAN (including Indian subcontinent)
Countries of family's origin _____
- HISPANIC, LATINO
Countries of family's origin _____
- MEXICAN AMERICAN, CHICANO
- NATIVE HAWAIIAN, PACIFIC ISLANDER
- PUERTO RICAN
- WHITE, CAUCASIAN
- OTHER (please specify) _____

EDUCATIONAL DATA

NAME OF HIGH SCHOOL FROM WHICH YOU GRADUATED _____

DATE OF GRADUATION (or GED CERTIFICATION) _____
Month Year

TYPE OF SCHOOL PUBLIC INDEPENDENT PAROCHIAL HOME SCHOOL

SCHOOL ADDRESS _____
Number and Street

_____ City or Town _____ State/Province _____ ZIP/Postal Code _____ Country

CURRENT COLLEGE/UNIVERSITY _____

List all colleges/universities at which you have taken courses for credit. Please submit an official transcript to your liaison at your community college.

COLLEGE/UNIVERSITY	LOCATION (City, State/Province)	DEGREE CANDIDATE?	DATES ATTENDED	DEGREE(S) EARNED
_____	_____	<input type="radio"/> YES <input type="radio"/> NO	_____	_____
_____	_____	<input type="radio"/> YES <input type="radio"/> NO	_____	_____
_____	_____	<input type="radio"/> YES <input type="radio"/> NO	_____	_____

EXTRACURRICULAR AND VOLUNTEER ACTIVITIES

Please list your extracurricular, community and family activities and hobbies in the order of their interest to you.

ACTIVITY	APPROX. TIME SPENT		POSITIONS HELD, HONORS WON, ETC.
	Hours per Week	Weeks per Year	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

WORK EXPERIENCE

Please list any jobs you have held during the past three years.

SPECIFIC NATURE OF WORK	EMPLOYER	APPROX. DATES	APPROX. # OF HOURS PER WEEK
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

REQUIRED INFORMATION

1. Have you ever been found responsible for a disciplinary violation at any school or college you have attended, whether related to academic misconduct or behavioral misconduct, that resulted in your probation, suspension, removal, dismissal or expulsion from the institution?

YES NO

1. Have you ever been convicted of a misdemeanor, felony or other crime?

YES NO

If you answered yes to either or both questions, please attach a separate sheet of paper that gives the approximate date of each incident and explains the circumstances.

I authorize all high schools and colleges I've attended to release all requested records and authorize review of my application for the admission process indicated on this form.

Signature

Date

IMPORTANT NOTE TO THE APPLICANT

Please submit your application and required essays to your community college liaison. DO NOT submit these to Bucknell University, as it may delay the processing of your application.

SUBMIT TO:

Community College of Philadelphia

Todd Jones
counseling department

E-mail: tjones@ccp.edu
Phone: 215-751-8177

Garrett College

Judy Carbone
director of advising, career and transfer services

E-mail: judy.carbone@garrettcollege.edu
Phone: 301-387-3046

Harrisburg Area Community College

Dory Uhlman
dean, retention services

E-mail: dsuhlman@hacc.edu
Phone: 717-221-1300

Lehigh Carbon Community College

Virginia Mihalik
transfer counselor/professor

E-mail: vmihalik@lccc.edu
Phone: 610-799-1178

Montgomery County Community College

Peter Cubbage
transfer counselor / assistant professor

E-mail: pcubbage@mc3.edu
Phone: 215-641-6577

Kristin Fulmer
transfer counselor

E-mail: kfulmer@mc3.edu
Phone: 215-641-6578

This section is to be filled in by the applicant.

APPLICANT'S LEGAL NAME _____
Last/Family First Middle (complete) Jr., etc.

PERMANENT HOME ADDRESS _____
Number and Street Apartment #

City or Town State/Province ZIP/Postal Code Country

CURRENT COLLEGE/UNIVERSITY _____

IMPORTANT PRIVACY NOTICE

Under the terms of the Family Education Rights and Privacy Act (FERPA) you WILL have access to your recommendation after you matriculate UNLESS at least one of the following is true:

1. Bucknell University does not save recommendations post-matriculation (see list at www.commonapp.org/ferpa).
2. You waive your right to access below:

- YES, ***I do waive*** my right to access, and I understand I will never see this recommendation.
- NO, ***I do not waive*** my right to access, and may someday choose to review this recommendation.

Signature _____

Date _____

This section is to be filled in by the faculty member.

Dear Faculty Member,

The above named applicant is applying for the Bucknell Community College Scholars Program. This program carries a significant scholarship opportunity afforded by the generosity of Bucknell University. Working with Bucknell, we seek to identify applicants who have excelled academically, achieving at least a minimum cumulative 3.5 GPA in courses; demonstrated leadership and service potential outside of the classroom; and demonstrated financial need. Your recommendation will help the Selection Committee identify the most promising and deserving Scholars. For more information on the program, please see www.bucknell.edu/CommunityCollegeScholars.

Please offer your candid reflections, including specific examples of the applicant's academic record and potential; his/her leadership and service potential; and his/her ability to benefit from a bachelor's degree program at a selective liberal arts institution.

BACKGROUND INFORMATION

How long have you known this student and in what context?

(continued)

BACKGROUND INFORMATION (cont.)

What are the first words that come to your mind to describe this student?

List the courses you have taught this student, noting the level of course difficulty (100-level, 200-level, etc.).

Please feel free to attach a signed letter of recommendation, preferably on institutional letterhead.

FACULTY MEMBER'S NAME (Mr./Ms./Dr./etc.) _____
Please print or type.

FACULTY MEMBER'S TITLE _____

SCHOOL _____

SCHOOL ADDRESS _____
Number and Street

City or Town State/Province ZIP/Postal Code Country

FACULTY'S PHONE _____ FACULTY'S E-MAIL _____
Area Code

Signature Date

IMPORTANT NOTE TO THE FACULTY MEMBER

Please submit this form and any other supporting documents, in a sealed envelope, to the appropriate community college liaison below. Please place your signature across the flap *after* sealing your recommendation.

SUBMIT TO:		
Community College of Philadelphia Todd Jones <i>counseling department</i> E-mail: tjones@ccp.edu Phone: 215-751-8177	Harrisburg Area Community College Dory Uhlman <i>dean, retention services</i> E-mail: dsuhlman@hacc.edu Phone: 717-221-1300	Montgomery County Community College Peter Cubbage <i>transfer counselor / assistant professor</i> E-mail: pcubbage@mc3.edu Phone: 215-641-6577
Garrett College Judy Carbone <i>director of advising, career and transfer services</i> E-mail: judy.carbone@garrettcollege.edu Phone: 301-387-3046	Lehigh Carbon Community College Virginia Mihalik <i>transfer counselor/professor</i> E-mail: vmihalik@lccc.edu Phone: 610-799-1178	Kristin Fulmer <i>transfer counselor</i> E-mail: kfulmer@mc3.edu Phone: 215-641-6578

To apply to the Bucknell Community College Scholars Program, please submit the following items to your community college contact. Your application must be complete before it is reviewed.

- Bucknell Community College Scholars Program application
www.bucknell.edu/CommunityCollegeScholars
- FAFSA identifying your community college and Bucknell (003238)
www.fafsa.gov
- Copy of high school transcript (or GED certificate)
- Previous college transcripts (if applicable)
- Transcript request form from your community college
- Two letters of recommendation (at least one from faculty)
- Signed copy of your parents' 2010 federal income tax return. If you are 24+ years of age, you will be considered an independent student; only a signed copy of your 2010 tax return is needed.
- SAT or ACT score report, if available

International Students: If you are an F-1 visa holder, you must also submit...

- TOEFL or IELTS score report
- International Student Financial Aid Application (ISFAA) form. Available online at www.bucknell.edu/x17074.xml.
- Statement from your parents and/or documents verifying family income
- Currency converter for your home country currency. There are many currency converters online. Try: finance.yahoo.com/currency?u