

BUCKNELL COMMUNITY COLLEGE SCHOLARS PROGRAM

APPLICATION CHECKLIST

To apply to the Bucknell Community College Scholars Program, please submit the following items to your community college liaison.

0	Bucknell Community College Scholars Program application Complete your application online and then either submit it electronically as email attachments (preferred), or print and submit it to your community college liaison. bucknell.edu/CommunityCollegeScholars
0	FAFSA (2023-24 preferred) identifying your community college and Bucknell (003238) fafsa.gov
0	Copy of high school transcript (or GED certificate)
0	Previous college transcripts (if applicable)
0	Transcript request form from your community college
0	Two letters of recommendation (at least one from faculty)
0	Signed copy of your parents' 2021 federal income tax return. If you are 24+ years of age, you will be considered an independent student and will need to provide a signed copy of your 2021 tax return (U.S. citizens only). If under 24 and are declaring independence, please provide a statement and/or documents verifying your income.
0	SAT or ACT score report (optional-you choose whether to include your test scores when applying)
Inte	ernational Students: If you are an F-1 visa holder, you must also submit
0	TOEFL, IELTS or PTE score report, if taken
0	If applying for aid, the International Student Application for Financial Assistance (ISAFA)
0	Statement and/or documents from your parents verifying family income in US dollars
\circ	Currency converter for your home country currency. There are many currency converters online.



BUCKNELL COMMUNITY COLLEGE SCHOLARS PROGRAM INITIAL APPLICATION

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 successfully completing the summer program. **Please print clearly when completing the application.** See bucknell.edu/CommunityCollegeScholars for more information.

PERSONAL D	ATA L					
LEGAL NAME						
	Last/Family	First		Middle (complete)	Jr., etc.	
EX: MALE	FEMALE If you would like the opportu	unity, we invite you to share	more about your gender	identity		
REFERRED/AFFIRM	MING FIRST NAME	FC	DRMER LAST NAME(S) (if any)		
IRTH DATE	EMAIL ADDRESS	(print clearly)				
ERMANENT HOMI						
	Number and Street			Apartment #		
	City or Town		State/Province	ZIP/Postal Code	Country	
ERMANENT MAILI	ING ADDRESS					
	Number and Street			Apartment #		
	City or Town		State/Province	ZIP/Postal Code	Country	
IOME PHONE		CEL	L PHONE			
	Area Code			Code		
OSSIRI E AREA(S)	OTHER CITIZENSHIP OF ACADEMIC CONCENTRATION/			Visa Type		
* * *	ECIDED (must be indicated)					
OPTIONAL DA	ATA ems are optional. No information you	provide will be used in	n a discriminatory m	anner.		
PLACE OF BIRTH _	City State/Province	Country	Are you Hispanic	or Latino? YES NO		
	State/1104mee	Country	Pace (check all th	aat annly)		
			Race (check all that apply) AMERICAN INDIAN/ALASKA NATIVE			
FIRST LANGUAGE (if other than English)			ASIAN			
ANGUAGE SPOKE	N AT HOME		BLACK/AFRICAN AMERICAN			
MARITAL STATUS			NATIVE HAWAIIAN, OTHER PACIFIC ISLANDER			
	Never Married		WHITE/CAUC			
	Married					
	Widowed Separated					
	Divorced (date)					
	mm/do	d/vvv				

NAME OF HIGH SCHO	OL FROM WHI	ICH YOU GRAD	UATED					
DATE OF GRADUATIO	N (or GED CER	RTIFICATION)_						
T. (D. C.	5115116	DDI) /4.TE	Month	,	Year			
TYPE OF SCHOOL	PUBLIC	PRIVATE	HOME SCHOOL					
SCHOOL ADDRESS _	Numbe	er and Street						
_								
CLIDDENT COLLECT/LI	INIIV/EDCITV	Town		,	Province	ZI	P/Postal Code	Country
CURRENT COLLEGE/U	INIVERSITY							
List all colleges/univers	sities at which y	ou have taken c	ourses for credit. Please sub	omit an official t	ranscript to yo	our liaisor	n at your comm	unity college.
0 /	,				1 3		J	, 3
COLLEGE/UNIVERSI	TY	LC	LOCATION (City, State/Province)		DEGREE		DATES	DEGREE(S)
					CANDIDA		ATTENDED	EARNED
					_ YES	NO		
					_ YES	NO		<u> </u>
					_ YES	NO		
	JLAK & VU	LUNIEER A	ACTIVITIES					
			activities and hobbies in th	ME SPENT				DN. FTC.
Please list your extracu			activities and hobbies in th				nitment. HONORS WO	DN, ETC.
			activities and hobbies in th	ME SPENT				DN, ETC.
			activities and hobbies in th	ME SPENT				DN, ETC.
			activities and hobbies in th	ME SPENT				DN, ETC.
			activities and hobbies in th	ME SPENT				DN, ETC.
			activities and hobbies in th	ME SPENT				DN, ETC.
			activities and hobbies in th	ME SPENT				DN, ETC.
ACTIVITY	urricular, comm		activities and hobbies in th	ME SPENT				DN, ETC.
WORK EXPERIE	urricular, comm	unity and family	APPROX. TI Hours/Week	ME SPENT				DN, ETC.
WORK EXPERIE	urricular, comm	unity and family	APPROX. TI Hours/Week	ME SPENT				DN, ETC.
WORK EXPERIE Please list any jobs you	ENCE	ng the past thre	APPROX. TI Hours/Week	ME SPENT		IS HELD,	HONORS WO	PPROX. # OF
	ENCE	ng the past thre	Approx. TI Hours/Week	ME SPENT	POSITION	IS HELD,	HONORS WO	PPROX. # OF

REQUIRED INFORMATION

1. Have you ever been found responsible for a disciplinary violation at any educational institution you have attended from the 9th grade (or the equivalent) forward, whether related to academic misconduct or behavioral misconduct, that resulted in a disciplinary action? These actions could include, but are not limited to: probation, suspension, removal, dismissal or expulsion from the institution.

YES NO

2. Have you ever been adjudicated guilty or convicted of a misdemeanor or felony? Note that you are not required to answer "yes" to this question or provide an explanation if the criminal adjudication or conviction has been expunged, sealed, annulled, pardoned, destroyed, erased, impounded or otherwise required by law or ordered by a court to be kept confidential.

YES NO

If you answered yes to either or both questions, please attach a separate sheet of paper that gives the approximate date(s) of each incident, explains the circumstances and reflects on what you learned from the experience. You may use up to 400 words.

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

Sandra Gonzalez-Torres

Director of Articulation and Transfer

Email: sgonzalez@ccp.edu

Phone: 215-751-8486

Google Phone: 267-270-5611 (call or text)

Garrett College

Ashley N. Ruby

Academic Success Advisor – Transfer Specialist

Email: ashley.ruby@garrettcollege.edu

Phone: 301-387-3733

Harrisburg Area Community College

Ricardo Marti, Jr

Director, Articulation and Transfer

Email: transfer@hacc.edu

Phone: 717-270-4222 Ext. 413353

Lehigh Carbon Community College

Fauzia N. Graham

Transfer Advisor

Email: fgraham@lccc.edu

Phone: 610-799-1691

Montgomery County Community College

Derrick Smith

Student Success Center

Email: dsmith5@mc3.edu

Phone: 610-533-7833

Reading Area Community College

Kristen Marcinko

Assistant Director of Community and

Academic Partnerships

Email: kmarcinko@racc.edu

Phone: 610-372-5127

BUCKNELL REQUIRED ESSAY I

In 600 words or less, please describe the personal journey that led you to pursue a higher education degree at your community college. You may include your aspirations, challenges and accomplishments, as well as the strategies you have used to succeed in meeting your goals. Secondly, share how participation in the Summer Scholars program will aid you in your next steps towards completing a four year degree.



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FACULTY RECOMMENDATION

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/UNIVERSIT	Υ			

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 to attend the summer program at Bucknell University. 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 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

To what extent have you been acquainted with the student applicant and in what manner? Please note candidate's strengths and areas in need of improvement that participation within the Summer Scholars program at Bucknell may aid. Please share what contributions this student may add to the intended summer cohort.

(continued)

BACKGROUND INFORMATION (cont.)Please share relevant qualities or characteri

Please share relevant qualities or characteristics that describe the student applicant and any significant contributions or accomplishments.

Please list the course(s) for which the student candidate was enrolled and taught by you and indicate degree of rigor (100-level, 200-level, etc.).

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

FACULTY MEMBER'S NA	AME			
		Please print or type.		
FACULTY MEMBER'S TI	TLE			
SCHOOL				
SCHOOL ADDRESS				
_	Number and Street			
_	City or Town	State/Province	ZIP/Postal Code	Country
FACULTY'S PHONE		FACULTY'S EMAIL		
	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:

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Sandra Gonzalez-Torres

Director of Articulation and Transfer

Email: sgonzalez@ccp.edu
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