

## 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 (2024-25 preferred) identifying your community college and Bucknell (003238) <b>fafsa.gov</b>  |
| 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)  |
| О   | Signed copy of your parents' 2022 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 2022 tax return ( <i>U.S. citizens only</i> ). 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)  |
| Int | ernational Students: If you are an F-1 visa holder, you must also submit   |
| О   | 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   |
| 0   | 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 <a href="mailto:bucknell.edu/CommunityCollegeScholars">bucknell.edu/CommunityCollegeScholars</a> for more information.

| PERSONAL D <i>i</i>                       | ATA L   |                                |                               |                            |           |  |
|---|---|--------------------------------|-------------------------------|----------------------------|-----------|--|
| LEGAL NAME                                |   |                                |                               |                            |           |  |
|   | Last/Family   | First                          |                               | Middle (complete)          | Jr., etc. |  |
| EX: MALE                                  | FEMALE If you would like the opportu                                    | nity, we invite you to share m | ore about your gender ide     | ntity                      |           |  |
| REFERRED/AFFIRMI                          | NG FIRST NAME   | FOR                            | MER LAST NAME(S) (if a        | ny)                        |           |  |
| IRTH DATE                                 | EMAIL ADDRESS   | (print clearly)                |                               |                            |           |  |
| ERMANENT HOME                             |   |                                |                               |                            |           |  |
|   | Number and Street   |                                |                               | Apartment #                |           |  |
|   | City or Town  | St                             | ate/Province                  | ZIP/Postal Code            | Country   |  |
| ERMANENT MAILIN                           | IG ADDRESS  |                                |                               |                            |           |  |
|   | Number and Street   |                                |                               | Apartment #                |           |  |
|   | City or Town  | St                             | ate/Province                  | ZIP/Postal Code            | Country   |  |
| IOME PHONE                                |   | CELL                           | PHONE                         |                            |           |  |
|   | Area Code   |                                | Area Cod                      |                            |           |  |
| * ,                                       | OTHER CITIZENSHIP  DF ACADEMIC CONCENTRATION/ CIDED (must be indicated) | Country(ies)                   |                               | Visa Type                  |           |  |
| · ·                                       | TA ms are optional. No information you                                  | provide will be used in a      | a discriminatory manı         | ner.                       |           |  |
| LACE OF BIRTH                             | City State/Province   | Country                        | Are you Hispanic or           | Latino? YES NO             |           |  |
|   |   |                                | Race (check all that          | apply)                     |           |  |
| FIRST LANGUAGE (for the seathern English) |   |                                | AMERICAN INDIAN/ALASKA NATIVE |                            |           |  |
| FIRST LANGUAGE (if other than English)    |   |                                | ASIAN                         |                            |           |  |
| LANGUAGE SPOKEN AT HOME                   |   |                                | BLACK/AFRICAN AMERICAN        |                            |           |  |
| MARITAL STATUS                            | Never Married   |                                | NATIVE HAWAIIA                | AN, OTHER PACIFIC ISLANDER |           |  |
|   | Married   |                                | WHITE/CAUCASI                 | AN                         |           |  |
|   | Widowed   |                                |                               |                            |           |  |
|   | Separated   |                                |                               |                            |           |  |
|   | Divorced (date)   |                                |                               |                            |           |  |
|   | mm/dd,  | /уууу                          |                               |                            |           |  |

| 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 COLLECTION                           | 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               | OCATION (City, State/Provin         | ice)               | DEGREE          |             | DATES                 | DEGREE(S)      |
|   |                   |                  |                                     |                    | CANDIDA         |             | ATTENDED              | EARNED         |
|   |                   |                  |                                     |                    | _ YES           | NO          |                       |                |
|   |                   |                  |                                     |                    | _ YES           | NO          |                       | <u> </u>       |
|   |                   |                  |                                     |                    | _ YES           | NO          |                       |                |
|   |                   |                  |                                     |                    |                 |             |                       |                |
|   | JLAK & VU         | LUNIEER A        | ACTIVITIES                          |                    |                 |             |                       |                |
|   |                   |                  | activities and hobbies <b>in th</b> | ME SPENT           |                 |             |                       | DN. FTC.       |
| Please list your extracu                      |                   |                  | activities and hobbies <b>in th</b> |                    |                 |             | nitment.<br>HONORS WO | DN, ETC.       |
|   |                   |                  | activities and hobbies <b>in th</b> | ME SPENT           |                 |             |                       | DN, ETC.       |
|   |                   |                  | activities and hobbies <b>in th</b> | ME SPENT           |                 |             |                       | DN, ETC.       |
|   |                   |                  | activities and hobbies <b>in th</b> | ME SPENT           |                 |             |                       | DN, ETC.       |
|   |                   |                  | activities and hobbies <b>in th</b> | ME SPENT           |                 |             |                       | DN, ETC.       |
|   |                   |                  | activities and hobbies <b>in th</b> | ME SPENT           |                 |             |                       | DN, ETC.       |
|   |                   |                  | activities and hobbies <b>in th</b> | ME SPENT           |                 |             |                       | DN, ETC.       |
| ACTIVITY                                      | urricular, comm   |                  | activities and hobbies <b>in th</b> | 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: bccsp@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**

Roberto Marti, Jr.

Director, Articulation and Transfer

Email: <u>transfer@hacc.edu</u>

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: 215-641-6577

#### **Reading Area Community College**

Kristen Marcinko

Assistant Director of Community and

Academic Partnerships Email: kmarcinko@racc.edu

Phone: 610-372-5127

| BUCKNELL REQUIRED ESSAYS   |
|--|
| In 500 words or less, describe the way you engage with your Community College and have developed a sense of purpose in your educational pursuits.  |
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| In 300 words or less, share how your particiption in the Bucknell Summer Scholars program will support your continued pursuit of higher education and will assist in your continued personal and educational growth. |
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#### BUCKNELL COMMUNITY COLLEGE SCHOLARS PROGRAM

### **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 | Y                 |                |                   |           |

#### 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 | NAME              |                       |                 |         |
|------------------|-------------------|-----------------------|-----------------|---------|
|                  |                   | 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 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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Director of Articulation and Transfer

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