

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

- 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](https://bucknell.edu/CommunityCollegeScholars)
- FAFSA (2022-23 preferred) identifying your community college and Bucknell (003238) [fafsa.gov](https://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' 2020 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 2020 tax return (*U.S. citizens only*). If under 24 and are declaring independence, please provide a statement and/or documents verifying your income.
- SAT or ACT score report (optional-you choose whether to include your test scores when applying)

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

- TOEFL, IELTS or PTE score report, if taken
- International Student Financial Aid Application (ISFAA) form. Available online at [bucknell.edu/admissions-aid/tuition-fees-financial-aid/apply-financial-aid/financial-aid-international-students](https://bucknell.edu/admissions-aid/tuition-fees-financial-aid/apply-financial-aid/financial-aid-international-students)
- Statement and/or documents from your parents verifying family income in US dollars
- Currency converter for your home country currency. There are many currency converters online.

**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](http://bucknell.edu/CommunityCollegeScholars) for more information.

**PERSONAL DATA**

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

SEX:  MALE  FEMALE  If you would like the opportunity, we invite you to share more about your gender identity \_\_\_\_\_

PREFERRED/AFFIRMING FIRST NAME \_\_\_\_\_ FORMER LAST NAME(S) (if any) \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ mm/dd/yyyy EMAIL ADDRESS (*print clearly*) \_\_\_\_\_

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

PERMANENT MAILING ADDRESS \_\_\_\_\_  
Number and Street Apartment #  
City or Town State/Province ZIP/Postal Code Country

HOME PHONE \_\_\_\_\_ Area Code CELL PHONE \_\_\_\_\_ Area Code

CITIZENSHIP  U.S. CITIZEN  DUAL U.S. CITIZEN (Please specify other country of citizenship) \_\_\_\_\_  
 U.S. PERMANENT RESIDENT VISA; Citizen of \_\_\_\_\_ ALIEN REGISTRATION NUMBER \_\_\_\_\_  
 OTHER CITIZENSHIP \_\_\_\_\_  
Country(ies) Visa Type

POSSIBLE AREA(S) OF ACADEMIC CONCENTRATION/  
MAJOR(S) OR UNDECIDED (must be indicated) \_\_\_\_\_  
\_\_\_\_\_

**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

FIRST LANGUAGE (if other than English) \_\_\_\_\_

LANGUAGE SPOKEN AT HOME \_\_\_\_\_

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

Are you Hispanic or Latino?  YES  NO

Race (check all that apply)  
 AMERICAN INDIAN/ALASKA NATIVE  
 ASIAN  
 BLACK/AFRICAN AMERICAN  
 NATIVE HAWAIIAN, OTHER PACIFIC ISLANDER  
 WHITE/CAUCASIAN

## EDUCATIONAL DATA

NAME OF HIGH SCHOOL FROM WHICH YOU GRADUATED \_\_\_\_\_

DATE OF GRADUATION (or GED CERTIFICATION) \_\_\_\_\_  
Month Year

TYPE OF SCHOOL  PUBLIC  PRIVATE  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 & VOLUNTEER ACTIVITIES

Please list your extracurricular, community and family activities and hobbies **in the order of their level of time commitment.**

ACTIVITY	APPROX. TIME SPENT		POSITIONS HELD, HONORS WON, ETC.
	Hours/Week	Weeks/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 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**

Todd Jones  
Counseling Department  
Email: [tjones@ccp.edu](mailto:tjones@ccp.edu)  
Phone: 215-751-8177

**Garrett College**

Ashley N. Ruby  
Academic Success Advisor – Transfer Specialist  
Email: [ashley.ruby@garrettcollege.edu](mailto:ashley.ruby@garrettcollege.edu)  
Phone: 301-387-3733

**Harrisburg Area Community College**

Ricole Jayman  
Director, Coordinated Support Network  
Email: [rajayman@hacc.edu](mailto:rajayman@hacc.edu)  
Phone: 717-780-2655

**Lehigh Carbon Community College**

Fauzia N. Graham  
Transfer Advisor  
Email: [fgraham@lccc.edu](mailto:fgraham@lccc.edu)  
Phone: 610-799-1691

**Montgomery County Community College**

Kristin Fulmer  
Transfer Counselor  
Email: [kfulmer@mc3.edu](mailto:kfulmer@mc3.edu)  
Phone: 215-641-6578

**Reading Area Community College**

Kristen Marcinko  
Assistant Director of Community and  
Academic Partnerships  
Email: [kmarcinko@racc.edu](mailto:kmarcinko@racc.edu)  
Phone: 610-372-5127

## **BUCKNELL REQUIRED ESSAY**

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.

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 \_\_\_\_\_

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](http://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 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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Counseling Department  
Email: [tjones@ccp.edu](mailto:tjones@ccp.edu)  
Phone: 215-751-8177

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