

Application to Establish Scholarship

Byron-Bergen Central School District

Name of person submitting application: _____

Address: _____

Phone: _____

Email: _____

Name of Scholarship for Approval: _____

Will this scholarship be awarded for only this school year or multiple years: _____

Will this scholarship be awarded to one or more seniors: _____

Amount of Scholarship: _____

Funds provided by: _____

Reason for creating this scholarship: _____

What specific criteria will be required when considering an appropriate candidate: _____

Do you have a preference as to when you would like this scholarship awarded? At Graduation, Academic Awards Night, Athletic Awards Night or An Afternoon of Music? _____

Upon approval, you will be contacted for further specifics of this award.

Required approval:

Superintendent: _____ Date: _____

Jr./Sr. High Principal: _____ Date: _____

Business Official: _____ Date: _____

Board of Education: _____ Date: _____

Completed copies will also be forward to the Counseling Office, Jr./Sr. High Principal, Jr./Sr. High Office