

# **FIRST FEDERAL OF BUCKS COUNTY SCHOLARSHIP APPLICATION**

## ***David M. Harris Honorary Scholarship***

**Eligibility:** This scholarship is intended to benefit a high school graduate from the following school districts: Bristol Borough, Bristol Township, Bensalem, Morrisville, Pennsbury, Centennial, Central Bucks (East, West and South), Council Rock (North and South), New Hope/Solebury and Neshaminy. Student **must** be applying to BCCC with the intention of enrolling as a full-time (minimum of 12 credits) freshman student. Applicant **must** document community service activities at the high school level and **must** be in good academic standing (a minimum grade point average of 2.0 which equals a "C" average) at their respective high school at the time of the application. **Preference** is given to children of customers and/or employees of First Federal of Bucks County who apply to BCCC. However, in the event that scholarship applicant finalists have identical credentials, the following rules apply:

- The student demonstrating greater financial need will prevail.
- The student of a customer will prevail over the student of an employee.

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_ Major \_\_\_\_\_

\_\_\_\_\_ E-Mail \_\_\_\_\_

Did you apply for financial aid for the next academic year? ☐ Yes ☐ No

Please write a brief explanation about your career and educational goals and how this scholarship will impact those goals. (On a separate piece of paper, typed. Attach all materials to this application.)

### **Application Certification** (Please check all that apply)

- ☐ I am a high-school student, intending to enroll full-time (minimum of 12 credits) at Bucks County Community College.
- ☐ I will graduate from \_\_\_\_\_ High School.
- ☐ I am a student of a customer and/or employee of First Federal of Bucks County (Please have the manager or assistant manager of your local branch verify this fact and attach verification to this application.)
- ☐ I have attached my most recent high school transcript to the application.
- ☐ I participated in the following community service project(s) (Use additional paper for description and provide proper documentation by high-school official(s). Attach all materials to this application.)
- ☐ The Financial Aid Office will be notified immediately should there be any change in my plan of enrolling at BCCC. I understand that the Financial Aid Office reserves the right to withdraw or adjust the award if determined necessary.

Name \_\_\_\_\_ Signature \_\_\_\_\_

Please print

Date \_\_\_\_\_

Please return this completed application to:

Bucks County Community College  
Financial Aid Office  
275 Swamp Road  
Newtown, PA 18940

<b>Deadline: September 15</b>
-------------------------------