

Bridging People and Places

David J. Vanderzee Scholarship For Students Who Have Faced Serious Illness or Life Crisis

Who Is Eligible?

Bridging People and Places offers an annual college scholarship of up to \$500 for any young person who has faced a serious illness or life crisis.

- Applicants must be accepted or enrolled in a certified technical or vocational training program, or an undergraduate or graduate college program for the semester following the application.
- Previous recipients of this scholarship may apply again, providing they are in good standing with their educational institution.

Selection Criteria

The following factors, among others, are considered for each applicant:

- your goals and your plan for reaching your goals
- your need for financial assistance

The scholarship committee also looks at any special circumstances that impact the applicant's ability to finance his or her education.

How Can the Monies Be Used

Scholarship monies may be used to pay for tuition, books, or educational fees. In most cases, the scholarship monies will be issued directly to the educational institution.

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Scholarship Application Checklist

Consider how your completed application will appear to the Scholarship Committee who selects the finalist. Its appearance is important because it represents you to the committee. The following suggestions will to assist you in completing your scholarship application:

General

1. Fill out all pages of the application form completely. If a question does not apply to you, write “n.a.” rather than leave it blank.
2. Be sure your handwriting is legible if you do not type your responses.
3. Double-check your spelling.
4. Ask someone to proofread the application and the essay.
5. Applications must be **postmarked by April 30**; incomplete applications will not be considered.

Personal Essay

When you write about your personal goals and ambitions, be sure to provide enough information for the Scholarship Committee to clearly understand your plans. Some of the essay should reflect your experiences with your serious illness or life crisis and how those experiences may have shaped you into who you are today.

Letters of Recommendation

Distribute three recommendation forms to any of the following; none of these recommendations can be from family members:

- (1) your high school principal and/or guidance counselor
- (2) your high school or college dean of students and/or advisor
- (3) at least one must be a high school teacher or college professor knowledgeable of you for a recommendation related to academics
- (4) no more than one other person (not a family member) knowledgeable of you for a general recommendation; suggestions include clergy, a social worker, a medical provider, a counselor, or a teacher

Helpful Hints: Provide a self-addressed stamped envelope with each recommendation form.

Allow them at least two full weeks to complete the recommendation form.

Be sure they understand the completed recommendation must be returned to you in a sealed envelope in time for your submittal to be **postmarked by April 30**.

Tell them what the scholarship is and why you are applying for it.

The sealed letters of recommendation must be submitted with your scholarship application, **postmarked no later than April 30**.

Proof of Enrollment or Acceptance

If you are currently enrolled, please submit your most recent transcript. If you are not yet enrolled, send a copy of a letter of acceptance from the school or program you will be attending.

Scholarship Contact

Questions should be addressed to Lorraine Thompson at bridgingpeoplelt@aol.com.

Completed applications should be mailed to:

Lorraine Thompson
P.O. Box 53
Schuylerville, NY 12871

Notification

The selected recipient will be notified by mail. All other applicants will be notified of their status only if a self-addressed stamped envelope is included with the application. If you are not selected for the current year, you are encouraged to reapply for next year.

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THE FOLLOWING QUESTIONS MUST BE ANSWERED CLEARLY AND PRECISELY BY THE APPLICANT AND MAILED DIRECTLY TO: **LORRAINE THOMPSON, P.O. BOX 53, SCHUYLERVILLE, NY 12871**
(Application, including the 3 sealed recommendation forms, must be postmarked no later than April 30)

Applicant's Name: _____

Home Address: _____

Telephone: _____ Date of Birth: _____ Email Address: _____

Father's Name: _____ Occupation: _____

Father's Address: _____

Mother's Name: _____ Occupation: _____

Mother's Address: _____

List Brothers and Sisters	Age	High School or College of Attendance

Name of High School or College: _____

High School Graduation Date: _____ Type of Diploma: _____

Colleges Applied to (if in High School)	Course of Study	Accepted/Not Accepted

College you will be or are attending: _____
(or name your first choice if not yet heard)

Estimated cost for your first (or next, if applicable) year of college: _____

Estimated Financial Aid (if known): _____ your (and Parents') Contribution: _____

Other scholarships applied for: _____

Other scholarships received: _____

Course of Study (Major): _____

Explain why you have chosen this field: _____

Explain how you expect to use your training: _____

ACADEMIC BACKGROUND

High school or college course of study: _____ Grade Point Average: _____

Favorite subject(s): _____ Why: _____

PREVIOUS EXPERIENCES

High school or college activities: _____

Other extracurricular activities (include community involvement): _____

PERSONAL ESSAY

Write an essay describing what your future goals are and reflecting on how your experiences with your serious illness or life crisis have shaped you into who you are today. Use a separate page for the essay, and attach it to this application.

OTHER

PLEASE LIST ON THE REVERSE SIDE ANY ADDITIONAL INFORMATION ABOUT YOURSELF WHICH MAY BE PERTINENT TO THIS APPLICATION INCLUDING SPECIAL CIRCUMSTANCES (for example, extreme hardship such as your illness, illness in the family, change in family structure, etc.) Use additional paper if you wish.

APPLICANT'S SIGNATURE: _____ DATE: _____

Mail completed application form and 3 sealed recommendations to:

Lorraine Thompson, P.O. Box 53, Schuylerville, NY 12871

Application must be postmarked no later than April 30.

CONFIDENTIAL RECOMMENDATION FORM
BRIDGING PEOPLE AND PLACES
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APPLICANT'S NAME: _____

The above named person has applied for a college scholarship from Bridging People and Places. It is a unique scholarship reserved for young people who have faced serious illness or serious life crisis. We appreciate your assistance in selecting a most worthy student for this scholarship. Please return your recommendation to the applicant in a sealed envelope. Thank you.

Why do you feel this student is deserving of this scholarship? _____

Please use reverse side for additional comments

Rate the following characteristics with a number: (*please provide an explanation for a score of 3 or 4*):

1. Superior 2. Good 3. Average 4. Below Average

_____ Achievement

_____ Industry

_____ Seriousness of Purpose

_____ Emotional Stability

_____ Initiative

_____ Ability to Get Along with Others

In your opinion, how great is the applicant's need for financial assistance? (Check one)

_____ Average

_____ Great

_____ Essential

_____ Unknown

This recommendation was made by: _____ Position: _____

Address: _____ Phone: _____

Email: _____ Date: _____