

# 2009-2010 Broken Arrow Chamber of Commerce Scholarship Application

OFFICE OF SCHOLARSHIPS  
NORTHEASTERN STATE UNIVERSITY  
601 N. GRAND AVE.  
TAHLEQUAH, OK 74464-2300  
Fax: (918) 458-9671

**To be considered for a 2009-2010 BACOC Scholarship, application must be received by Friday, July 24, 2009.**

- Must be a student taking classes on the NSUBA campus.
- Must be a junior or senior in undergraduate hours, or in graduate school.
- Must have a 3.0 GPA (on a 4.0 scale).
- Must be a resident of the greater Broken Arrow area.
- Preference will be given to graduates of Broken Arrow High School.
- At least one (and no more than three) recommendation form(s) should to be completed by a current instructor or other appropriate individual(s) familiar with the student's accomplishments. Recommendation forms must be submitted in sealed envelopes with the evaluator's signature across the seal of the envelope.

**PLEASE TYPE OR PRINT CLEARLY IN INK.**

## APPLICANT INFORMATION

E-mail Address \_\_\_\_\_

Name \_\_\_\_\_ SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First MI

Mail Address \_\_\_\_\_ County \_\_\_\_\_  
Street/PO Box City State Zip

Telephone \_\_\_\_\_ Are you a U.S. Citizen?  Yes  No Are you an Oklahoma Resident?  Yes  No

Sex Male  Female

High School Attended \_\_\_\_\_ Graduation Year \_\_\_\_\_

College major or major code listed on back of application for admission \_\_\_\_\_

**Financial need can be a factor for consideration in awarding scholarship assistance. To help us determine your level of financial need, please check any statement below which applies.**

- I am not currently receiving substantial financial assistance from my parent(s), guardian(s), family member(s) or friend(s) and need assistance to help fund my college education.
- I am currently financially responsible for the majority of my living and school expenses (for example: rent, food, insurance, tuition, fees and books) and need assistance to help fund my college education.
- I plan to complete (or have completed) the federal student financial aid forms (FAFSA) for the current academic year.

Please provide any relevant additional information regarding financial need.

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**Broken Arrow Chamber of Commerce Scholarship Application  
Civic/Volunteer Activity Form**

Name \_\_\_\_\_  
Last First MI

Please **TYPE or PRINT** brief, yet specific, information relating to civic and/or volunteer activities in which you have participated (examples provided).

ACTIVITY	RESPONSIBILITIES	ACCOMPLISHMENTS	TIME COMMITTED
<b>Example:</b> Northeastern High School STUCO *Organization of NSU County Literacy Program./ Jr. Class Rep	Present publicity to NSU County Residents about program. Record participant information and program progress.	Worked with 50+ elementary students in NSU county. Received Mayor's Honorable Recognition for Achievement	2008-2009 (2 hrs./wk. for 14 weeks)

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

# 2009-2010 Broken Arrow Chamber of Commerce Scholarship Evaluation Form

**Student's Name** \_\_\_\_\_

The entire BACOC application should be returned to the Office of Scholarships, c/o Jessica Langston, 601 N. Grand, Tahlequah, OK 74464 no later than Friday, July 24, 2009. At least one and no more than three confidential evaluations are to be completed by **individuals who are familiar with the student's accomplishments**. The confidential evaluation(s) should be placed in sealed envelope(s) accompanying the BACOC Application.

Characteristics	Exceptionally	Very	Somewhat	Unable to Respond	Recommend
Shows Leadership Qualities					
Energetic					
Skilled In Interpersonal Interaction					
Responsible					
Skilled In Written Communication					
Cooperative					
Honest					
Academically Motivated					
Skilled in Oral Communication					
Organized					
Creative					

If there are any additional, exceptional or extenuating circumstances you wish to provide concerning this student, please use the space below for your comments. A letter of recommendation may be attached but is not required.

\_\_\_\_\_  
Evaluators Name (printed)

\_\_\_\_\_  
Evaluators Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Evaluators Title

**EVALUATOR – Please enclose the recommendation in an envelope, seal the envelope, sign your name across the seal, and return it to the student.**