

**THE SETH JACOB BUDAI MEMORIAL
SCHOLARSHIP APPLICATION**

APPLICATION DATE (mm/dd/yyyy): _____

STUDENT

Name: _____

Date of Birth: _____ Social Security Number _____

Address: _____

Phone: _____ Attends Winters Mill High School: _____

Expected Graduation Date: _____

Cumulative G.P.A.(Weighted) _____ (Non-Weighted) _____

SAT or other required test scores: _____

FAMILY INFORMATION (or Guardian if applicable)

	<u>Mother</u>		<u>Father</u>
Names:	_____	_____	_____
Address(es):	_____	_____	_____
Occupation:	_____	_____	_____
Income:	_____	_____	_____
Number of Children in Family and Ages:	_____		

EDUCATIONAL INSTITUTION

Accepted by _____
(Name of Institution)

(Location)

1. Please attach your unofficial transcript to this application. Please write scores in spaces provided; not, "see attached".
2. Please list your activities at your high school, community (including service clubs or projects), sports, civic groups and church activities in which you have taken part.
3. Please attach a Letter of Recommendation from a teacher, coach, or group or church leader.
4. Please attach a two page essay explaining your interest in the health sciences or education, your commitment to college education and how participation in community and/or school service activities has shaped your character to contribute to a successful career in the health sciences or education. The document format should be typed and double-spaced.

**The complete application package should be returned by May 10th to
The Community Foundation of Carroll County, 255 Clifton Blvd. Suite 313, Westminster, MD 21157**

Please include all attachments for your application to be considered.

A Scholarship Fund of the Community Foundation of Carroll County, Inc.