



2015 CONTINUING EDUCATION SCHOLARSHIP GUIDELINES

The Buddy Program's Continuing Education Scholarships may be awarded to high school seniors including:

- Little Buddies who have remained/will remain in our programs through their senior year of high school.
- Big Buddies who will remain in the Peer-to-Peer Program through their senior year of high school and have volunteered as a Big Buddy for at least two years.
- Youth involved with the Buddy Program through the LEAD/Group Mentoring Programs for at least two years. Youth must have attended one LEAD/Group Mentoring Trip. Students in RFHS Outdoor Leadership Class who have maintained a "B" grade average or above throughout the school year and who have demonstrated consistent attendance.
- High school Big Buddies who have been involved with our Super Buddies program for at least two years.

PLEASE NOTE: THE BUDDY PROGRAM'S SCHOLARSHIP AWARDS ARE WEIGHTED IN FAVOR OF DEMONSTRATED NEED BUT ALL ELIGIBLE APPLICANTS ARE INVITED TO APPLY.

SCHOLARSHIP APPLICANTS MUST BE A CANDIDATE FOR A DEGREE AT AN ACCREDITED EDUCATIONAL INSTITUTION.

YOU ARE A CANDIDATE FOR A DEGREE IF YOU:

- Are pursuing a degree at a college or university, or
- Attend an **ACCREDITED EDUCATIONAL INSTITUTION** that is authorized to provide:
- A program that is acceptable for full credit toward a bachelor's degree or higher, or
- A program of training to prepare students for gainful employment in a recognized (vocational) occupation.

USES AND PAYMENTS OF FUNDS

Buddy Program scholarships are only to be used to cover the following:

- Tuition and fees required to enroll in or attend an eligible educational institution, and
- Course-related expenses, such as fees, books, supplies, and equipment that are required for the courses at the eligible educational institution. These items must be required of all students in your course of instruction.
- Payments must be made by the Buddy Program directly to the school or office requiring payment.
- Scholarship funds will not be allocated directly to the recipient, in line with federal scholarship requirements.
- All scholarship fund payments are subject to review/approval by the Buddy Program's Scholarship Committee.
- Buddy Program staff does not make any final decisions in regard to scholarship amounts.
- All scholarship awards are contingent upon acceptance to the program or school to which you have applied. Funds will not be paid until an official notification of acceptance and a class registration has been forwarded to the office.
- Scholarships that go unused for one year without an update and explanation from the recipient will be automatically reclaimed and redistributed through the Buddy Program's Scholarship Fund.
- All scholarships are awarded in May each year.



CONTINUING EDUCATION SCHOLARSHIP APPLICATION

For Office Use Only

Date Application Received

1. PERSONAL INFORMATION

NAME: <i>(first, last)</i>	DATE OF BIRTH: <i>(mm/dd/yy)</i>	AGE:
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SEX: <input type="checkbox"/> Female <input type="checkbox"/> Male	The following information is required only for demographic purposes and will not affect your scholarship eligibility.
	RACE/ETHNICITY <i>(please check one)</i> <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Middle Eastern/ North African <input type="checkbox"/> Native American <input type="checkbox"/> Other: _____
	ANNUAL FAMILY/HOUSEHOLD INCOME: \$ _____ <i>(Please indicate NET income)</i> Is this amount: <input type="checkbox"/> Annual OR <input type="checkbox"/> Monthly How many adults and how many children (under 18) are supported by this income? Adults _____ Children _____

MAILING ADDRESS: <i>(Street, Apt. #)</i>	CITY, STATE:	ZIP CODE:
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HOME PHONE: ()	CELL PHONE: ()	WORK PHONE: ()
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EMAIL ADDRESS:

2. PROGRAM PARTICIPATION

ARE YOU (PLEASE CHECK ALL THAT APPLY) :

- A Little Buddy in the Community Program
- A Peer-to-Peer Big Buddy Years that you were a Peer-to-Peer Big Buddy: _____
- An Experiential Youth participant
- A Super Buddy
- The first generation in your family to attend college? Yes No

3. ACADEMIC INFORMATION

SCHOOL YOU CURRENTLY ATTEND:	GPA (CUMULATIVE):
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MAXIMUM GPA POSSIBLE AT YOUR SCHOOL:	HIGH SCHOOL GRADUATION YEAR:
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4. EXTRACURRICULAR INFORMATION

PLEASE ATTACH A RESUME WITH EXTRACURRICULAR ACTIVITIES, VOLUNTEER AND/OR WORK EXPERIENCE. PLEASE INCLUDE LENGTH OF TIME INVOLVED WITH EACH ACTIVITY, VOLUNTEER AND/OR WORK EXPERIENCE.

5. ACADEMIC GOALS

Please provide information about the **ACCREDITED** educational/vocational training program(s) you intend to apply to and for which you intend to use this scholarship.

SCHOOL NAME:	COST OF TUITION: (1 year)	COST OF BOOKS: (1 year)
	MAJOR:	
SCHOOL NAME:	COST OF TUITION: (1 year)	COST OF BOOKS: (1 year)
	MAJOR:	
SCHOOL NAME:	COST OF TUITION: (1 year)	COST OF BOOKS: (1 year)
	MAJOR:	
SCHOOL NAME:	COST OF TUITION: (1 year)	COST OF BOOKS: (1 year)
	MAJOR:	

6. ESTIMATED NEED

INCOME/FINANCIAL RESOURCES

Funds you have saved for your education: \$ _____

Expected part-time/full-time work income: \$ _____

Federal/State Financial Aid: \$ _____

Parental Contribution: \$ _____

Other Scholarships/ Grants (awarded/received) \$ _____

TOTAL FINANCIAL RESOURCES: \$ _____

1. Explain why you have chosen your major or vocational training program. If you are undecided, explain why.

2. How will the major you selected help you with your career?

3. If you are unsure of what career you plan to pursue, please describe a general direction you plan to take or describe some options you are considering:

7. PERSONAL ESSAY

On a **separate piece of paper**, please write your personal essay. Your essay should be:

- **Typed and single-spaced**
- No more than one page in length
- Edited for spelling and grammar before submitting
- Focused on the following statement:

DISCUSS AT LEAST 2 LESSONS YOU HAVE LEARNED THROUGH YOUR EXPERIENCES WITH THE BUDDY PROGRAM THAT YOU HAVE INCORPORATED INTO YOUR DAILY LIFE OR THAT HAS HELPED YOU MOVE TOWARD YOUR GOALS.

8. RECOMMENDATION LETTERS

- Please provide **two (2)** letters of recommendation. References can be written by teachers, mentors (outside the Buddy Program), social workers, clergy, bosses, friends etc. Staff at the Buddy Program can not write a reference.
- Give a copy of **The Scholarship Recommendation Form** to your references. Fill in your own personal information on the top of the form **BEFORE** giving a copy to each of your references.
- Be sure to give your references a stamped envelope addressed to the Buddy Program and ask your references to send their recommendations directly to TBP's office.

9. TRANSCRIPTS

Please have an official transcript from your most recent school sent to the office. If you have earned a GED, please send a copy of your certificate.

10. DEADLINE

ALL APPLICATION MATERIALS MUST ARRIVE AT ONE OF OUR OFFICES BY:

FRIDAY, FEBRUARY 27TH, 2015

THE BUDDY PROGRAM
110 EAST HALLAM, SUITE 125
ASPEN, CO 81611
970.920-2130 PHONE
970.925-2093 FAX

THE BUDDY PROGRAM
PO BOX 617, BASALT, CO 81621
OR DROP BY OUR OFFICE IN THE
RED BRICK BUILDING ON THE BES
CAMPUS
970.927.1001 PHONE
970.927.0193 FAX

THE BUDDY PROGRAM
ROARING FORK HIGH SCHOOL
OFFICE IN THE MAIN OFFICE
970.384.5770 PHONE

WWW.BUDDYPROGRAM.ORG

11. INTERVIEW

APPLICANTS WILL BE ASKED TO PARTICIPATE IN A SHORT INTERVIEW WITH THE SCHOLARSHIP COMMITTEE. INTERVIEW DATES, LOCATION AND TIME WILL BE COMMUNICATED TO APPLICANTS UPON RECEIPT OF THEIR APPLICATION. AN APPLICANT MUST ATTEND AN INTERVIEW IN ORDER TO BE CONSIDERED ELIGIBLE FOR FUNDING.



**SCHOLARSHIP APPLICATION
LETTER OF RECOMMENDATION**

TO THE APPLICANT: Please read and complete the top portion of the recommendation form prior to giving it to the person who will be providing you with a recommendation. This form can also be filled out at: <http://www.buddyprogram.org/buddy-information/youth-scholarship-information/>

NAME: *(first, last)*

YEAR ENTERING: *(e.g., Freshman)*

DATE FORM SUBMITTED TO REFERENCE: *(mm/dd/yy)*

Dear Scholarship Applicant Reference:

Thank you in advance for taking the time to write a letter of recommendation for one of our students. The above-named student is applying for an academic scholarship to further pursue his/her education. Your comments will be used as part of a larger assessment of the applicant.

Please provide your recommendation typed on separate paper.

Where possible, please address the questions below within your recommendation. Please place the completed recommendation in a sealed envelope with your signature affixed over the seal and mail directly to the Buddy Program office by **Friday, February 27th, 2015 or fax to (970) 927-0193.**

The Buddy Program
Attention: Lindsay Lofaro
PO Box 617
Basalt, CO 81621

Please answer all questions in your letter of recommendation.

- Your name
- Your Position/Relationship to the Applicant
- Mailing Address (with city, state and zip)
- Contact phone number
- Organization Name
- Email address
- How long have you known the applicant? In what capacity?

- Why do you believe this applicant will achieve his/her academic goals?
- Which strengths do you believe this applicant possesses that will support his/her academic success?
- Are there any issues with which the applicant struggles? If so, how does he/she address them?
- Please note any outstanding accomplishments achieved by the applicant

APPLICATION CHECKLIST

- APPLICATION SECTION 1 - PERSONAL INFORMATION
- APPLICATION SECTION 2 –PROGRAM PARTICIPATION
- APPLICATION SECTION 3 - ACADEMIC INFORMATION
- APPLICATION SECTION 4 – EXTRACURRICULAR GOALS
- APPLICATION SECTION 5- ACADEMIC GOALS
- APPLICATION SECTION 6 - ESTIMATED NEED
- APPLICATION SECTION 7 - PERSONAL ESSAY
- APPLICATION SECTION 8- RECOMMENDATION LETTERS
- APPLICATION SECTION 9- TRANSCRIPTS
- OFFICIAL SCHOOL TRANSCRIPT (MOST RECENT)
- LETTER OF RECOMMENDATION (#1) - MAILED BY REFERENCE
- LETTER OF RECOMMENDATION (#2) - MAILED BY REFERENCE

PLEASE NOTE: ANY OMISSION OF ANY PART OF THIS APPLICATION WILL RESULT IN 0 POINTS TOWARDS THAT SECTION OF THE APPLICATION. THE SCHOLARSHIP RANKS APPLICANTS BASED ON THE COMPLETION OF EACH SECTION. PLEASE COMPLETE EACH SECTION THOROUGHLY.