

D'Youville

Sister Mary Charlotte Barton, GNSH Alumni Kinship Scholarship

About:

The Sister Mary Charlotte Barton Alumni Kinship Scholarship is presented in the spring of each year for the **following** academic year. A committee composed of members of the Alumni Board of Directors will select the scholarship recipient. The recipient is chosen based on the applicant's high school or college record, financial need and volunteer/community service activities.

Requirements to Apply:

- Applicant must be a relative of a D'Youville College **graduate** (child, step-child, grandchild, brother, sister, niece, nephew or spouse).
- Applicant may be a prospective or current student. Prospective students must have a D'Youville College Admissions Application on file.
- Applicant must be enrolled or planning to enroll as a **full-time** undergraduate or graduate student.

Rules for Application:

The following documents must be submitted by **March 1**:

- A Free Application for Federal Student Aid (FASA) for the upcoming year must be completed and **submitted electronically by December 1** with D'Youville College code number 002712 as one of your choices.
- A completed application - must be typed or clearly printed.
- Two letters of recommendation** – One letter must be from an alumna/alumnus and the other from a current or former instructor. Letters must reference the applicant's academic potential, speak to their future potential and to their potential contributions to the college community (in relation to leadership or community involvement).
- Applicant must submit **a one-page, double-spaced typed essay** indicating why he/she chose D'Youville College, educational objectives and financial need.

Application, letters of recommendation, and essay are due March 1 and must be submitted to:

By Mail:

D'Youville College
Office of Alumni Engagement
631 Niagara Street
Buffalo, NY 14201

You may also scan the documents and email them with "Kinship Scholarship" on the subject line to: cuccia@dyc.edu

D'Youville

Alumni Kinship Scholarship Application

(Please type or print legibly)

APPLICANT NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBER: _____ E-MAIL: _____

DATE OF BIRTH: _____

CHECK ONE: Entering student Current student

CHECK ONE: Undergraduate Graduate

NAME OF D'YOUVILLE ALUMNA/US RELATIVE: _____

CLASS YEAR: _____

RELATIONSHIP TO APPLICANT: _____

ARE YOU A PAST RECIPIENT OF THE KINSHIP SCHOLARSHIP? YES: NO:

LIST ANY OTHER SCHOLARSHIPS YOU WILL BE RECEIVING FOR THE UPCOMING ACADEMIC YEAR:

LIST ANY HONORS RECEIVED IN HIGH SCHOOL/COLLEGE FOR ACADEMIC ACHIEVEMENT:

LIST ANY HIGH SCHOOL/COLLEGE EXTRA-CURRICULAR ACTIVITIES, VOLUNTEER OR COMMUNITY SERVICE ACTIVITIES:

IF YOU HAVE ANY WORK EXPERIENCE, LIST THE JOBS YOU HAVE HELD:

