

Applicant: Please complete this form and have your guidance counselor return all materials to:

Nicole VanDerMeid  
Director of Food Service  
Brighton Central School District  
2035 Monroe Ave.  
Rochester, New York 14618

APPLICATION DEADLINE: March 23, 2023

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

SCHOOL DISTRICT: \_\_\_\_\_

What school activities have you been involved in? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What outside-of-school activities have you been involved in? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you had any related work experience? Please list employers: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What other scholarships have you applied for? \_\_\_\_\_

\_\_\_\_\_

What other scholarships will you be receiving? \_\_\_\_\_  
\_\_\_\_\_

What schools and course of studies have you applied to? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you been accepted? \_\_\_\_\_

What are your long-term career goals? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your Grade Point Average? \_\_\_\_\_

Do you have any brothers or sisters who will also be in college next year? \_\_\_\_\_

If so, how many? \_\_\_\_\_

List the name of your guidance counselor to whom you will be giving the attached  
recommendation form: \_\_\_\_\_



TO BE FILLED OUT BY STUDENT'S GUIDANCE COUNSELOR:

Please send a copy of the student's current transcript with the other application materials.

Name of Applicant: \_\_\_\_\_

Name of Guidance Counselor: \_\_\_\_\_

Counselor's Signature: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

What is the applicant's Grade Point Average? \_\_\_\_\_

For each of the following, rate the applicant from 1 to 10:

1 – weak

5 – average

10 – outstanding

- |    |   |       |
|----|---|-------|
| 1. | Overall Character                       | _____ |
| 2. | Shows Leadership Potential              | _____ |
| 3. | Shows Maturity                          | _____ |
| 4. | Shows Commitment                        | _____ |
| 5. | Shows Motivation Towards Personal Goals | _____ |
| 6. | Attendance                              | _____ |

Comments:

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I \_\_\_\_\_ give \_\_\_\_\_  
*(applicant)* *(guidance counselor)*

permission to release any of my records necessary for competition in the Monroe County School Nutrition Association Scholarship.

Signature: \_\_\_\_\_

Completed Scholarship Application may be submitted to Nicole VanDerMeid by:

Postal Address - listed above

Email – nicole\_vandermeid@bcsd.org