

**BOSTON DEMOCRATIC SOCIAL CLUB
TOWN OF BOSTON RESIDENT
2024 SCHOLARSHIP
recipient receives \$500.
APPLICATION**

NAME _____

ADDRESS _____

PHONE(s) _____

E-MAIL _____

DATE OF GRADUATION _____

ORGANIZATION MEMBERSHIPS, LENGTH OF MEMBERSHIP, OFFICES HELD _____

COMMUNITY SERVICE

COLLEGE OR CAREER/TECHNICAL PROGRAM YOU WILL BE ATTENDING

CONTACT INFORMATION FOR THAT INSTITUTION

START DATE

**CAREER
PLANS**

SIGNATURE OF APPLICANT _____

SIGNATURE OF PARENT OR GUARDIAN IF APPLICANT IS UNDER 18 YEARS OF AGE

DATE _____

Additional information can be added on a separate page if necessary.

RELEASE OF INFORMATION FOR BOSTON DEMOCRATIC SOCIAL CLUB SCHOLARSHIP

I, hereby, grant permission to the Boston Democratic Social Club any of the information that I have provided on the scholarship application or in the attached essay.

SIGNATURE OF APPLICANT

DATE_____

SIGNATURE OF PARENT OR GUARDIAN IF APPLICANT IS UNDER 18 YEARS OF AGE

DATE_____

BOSTON DEMOCRATIC SOCIAL CLUB SCHOLARSHIP APPLICATION

Applicant must graduate high school in 2024 and be a resident of the Town of Boston

To be considered, applications must be post-marked on or before April 20, 2024 and include all the requested documents. Decision will be made on or before May10, 2024. Recipient will be notified then, and should notify the Boston Democratic Social Club what school or career program should receive the \$500. Scholarship check.

Please submit the completed application to:

**Barbara Moore
The Boston Democratic Social Club
7004 Liebler Rd.
Colden, NY 14033**

Include with the completed application form:

- 1. Two letters of reference from non-family members.**
- 2. A statement of 300 words or less explaining what it means to the applicant to live in the Town of Boston.**
- 3. Signed release allowing the BDSC to publish the scholarship recipient's name and parts of the submitted statement.**

**If you have any questions concerning the application please contact
Barbara Moore at 716-912-2100
E-mail: 411eci@gmail.com**

