

BOSTON DEMOCRATIC SOCIAL CLUB SCHOLARSHIP APPLICATION

Applicant must graduate High School or equivalent in 2025 and be a resident of the Town of Boston.

To be considered, applications must be post-marked on or before March 10, 2025 and include all the requested documents. Decision will be made on or before March 31, 2025. Recipient will be notified thereafter and should notify the Boston Democratic Social Club what school or career program should receive the \$500.00 Scholarship check.

Please submit the completed application to:

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

**BOSTON DEMOCRATIC SOCIAL CLUB
TOWN OF BOSTON RESIDENT 2025 SCHOLARSHIP
APPLICATION**

Recipient receives \$500.00.

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 to verify any of my references and the information that have provided on the scholarship application or in the attached essay. I also give the Boston Democratic Social Club permission to publicize my name, likeness and information should I become the recipient of the scholarship.

SIGNATURE OF APPLICANT

DATE_____

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

DATE_____