

Deborah E. Dougherty Memorial Scholarship Endowment

Scholarship Amount: minimum \$250

Name: _____ Student #: _____

Address: _____ Phone #: _____

City: _____ State: _____ ZIP: _____

E-Mail: _____ Major: _____

Scholarship Criteria:

- Applicant **must** use/receive services from BCCC's disABILITY Services office.
- **Must** possess a minimum cumulative grade point average of 3.0.
- **Must** major in a program in one of the College's six academic departments. Preference is given to non-traditional applicants who are returning students.
- **Must** submit one letter of recommendation from an employer, or BCCC faculty/staff member outlining why s/he should receive this scholarship.
- **Must** return to BCCC in the fall semester after the scholarship is awarded.

I meet all of the scholarship criteria and have enclosed the required information with my application.

Name: _____ Date: _____

Signature: _____

Please return your completed application to:
Bucks County Community College Foundation
c/o disABILITY Services
275 Swamp Road
Newtown, PA 18940

APPLICATION DEADLINE: April 1