



Buck Rogers Memorial Scholarship Application



Please print or type application

Date _____

Legal Name _____
Last First Middle

Social Security Number _____ Date of Birth _____
Month Day Year

Permanent Residence _____
Street Address
City State ZIP

University Residence _____
Street Address
City State ZIP

Permanent Telephone _____ University Telephone _____

E-mail Address _____

Academic Major _____ Academic Minor (if applicable) _____

Anticipated College Graduation Date _____
Month Year

List all college activities (If more space is required, attach additional sheet[s].) _____

List all work/volunteer experience (If more space is required, attach additional sheet[s].) _____

List collegiate awards & honors (If more space is required, attach additional sheet[s].) _____

List pastimes & hobbies _____

Please attach the following:

1. Copy of college or high school transcript
2. One-page statement detailing educational and career goals
3. Up to five published samples of outdoor communication work
4. Up to three letters of recommendation from:
 - a). faculty member in applicant's field of study
 - b). outdoor communicator(s) familiar with applicant's work
 - c). employer(s) familiar with applicant's work