



Capital District Insurance Community

P. O. Box 13291
Albany, NY 12212-3291
www.albanyiday.com

FRANCES P. BARTLETT MEMORIAL SCHOLARSHIP APPLICATION

Please type or print

STUDENT INFORMATION:

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Home Telephone: _____ Mobile Telephone: _____

High School/College: _____

School Address: _____

School Telephone: _____

Colleges/Universities where you have applied: _____

Anticipated Major: _____

- 1.) Please attach an official copy of your high school and, if applicable, your college transcripts.
- 2.) Briefly describe , on a separate sheet of paper, your extracurricular activities, dates of involvement and the name of the adult coordinator of each. Please also include your name on the sheet.
- 3.) Attach a letter of recommendation from a school faculty member, guidance counselor or school administrator.
- 4.) On a separate sheet of paper submit an essay of 500 words or less describing an experience you have had involving community service.
- 5.) Please include your name and page number on each sheet.

ELIGIBILITY REQUIREMENTS ARE ON THE REVERSE SIDE.



Capital District Insurance Community

P. O. Box 13291
Albany, NY 12212-3291
www.albanyiday.com

FRANCES P. BARTLETT MEMORIAL SCHOLARSHIP ELIGIBILITY REQUIREMENTS

1. The applicant must be either:
 - a. A daughter or son of an active member of one of the insurance organizations or sponsoring company or agency involved in the Albany I Day program.
 - b. A daughter or son of a deceased member of one of the insurance organizations or sponsoring company or agency involved in the Albany I Day program.
2. An applicant must meet the following criteria:
 - a. A minimum grade point average of 85 (B or 3.0) throughout high school
 - b. Participate in extracurricular activities with particular consideration given to activities of a community service nature and
 - c. Present acceptable demonstration of written expression in the form of an essay of approximately 500 words.
3. Applications must be signed and postmarked by April 1st. The winner will be notified by May 1st.
4. The scholarship will be payable to the student and the college or university after proof of enrollment in a college or university and the receipt of the last four digits of the winners social security number.
5. The student is responsible for notifying the college or university of the award.
6. The winner will become ineligible for the award if he/she fails to enroll in a college or university for the fall semester.
7. There is no restriction on a student's choice of college or university.
8. The scholarship payment will be made only once to any recipient.

Mail Completed applications to:

Albany I-Day Committee
Scholarship Committee
P. O. Box 13291
Albany, NY 12212-3291

Parent Name: _____

Organization/Company/Agency: _____

Applicant's Signature: _____