

**BEDFORD COUNTY CONSERVATION DISTRICT  
GLEN BEACH MEMORIAL SCHOLARSHIP**

\$1000 SCHOLARSHIP

FULL NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

\_\_\_\_\_ HOME PHONE (    ) \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_

\_\_\_\_\_ PRESENT PHONE (    ) \_\_\_\_\_

NAME OF PARENT(S)/GUARDIAN(S): \_\_\_\_\_

Current Status:             Sophomore             Junior             Senior

SCHOOL WHERE SCHOLARSHIP FUNDS WILL BE APPLIED IF AWARDED: \_\_\_\_\_

\_\_\_\_\_

**PERSONAL ESSAY**

Please attach a one or two page, type written, double-spaced, 12-point font essay. The essay should reflect on your background, attitude towards conservation and how they are similar to the goals of the Bedford County Conservation District, objectives of your educational pursuits, career plans, financial needs, leadership positions, and why you believe you deserve this scholarship. In addition, list two or three of the more serious conservation/environmental problems that you think society is currently facing.

**EDUCATION**

Name of High School: \_\_\_\_\_

Graduation Date: \_\_\_\_\_

High School Address: \_\_\_\_\_

Grade Point Average: \_\_\_\_\_

\_\_\_\_\_

Name of College: \_\_\_\_\_

Major: \_\_\_\_\_

College Address: \_\_\_\_\_

Years Attended: \_\_\_\_\_

\_\_\_\_\_

Grade Point Average: \_\_\_\_\_

Credits Earned: \_\_\_\_\_

Name of College Advisor: \_\_\_\_\_

What is your major course of Study? \_\_\_\_\_

List credit courses completed, or in progress, which provide a background to your understanding of natural resources, conservation or environmental issues. (You may use blank space on the back sheet)

_____	_____	_____
_____	_____	_____
_____	_____	_____

**WORK EXPERIENCE**

(1) Name of Employer: \_\_\_\_\_ Dates Worked: \_\_\_\_\_

Description of Responsibilities: \_\_\_\_\_

(2) Name of Employer: \_\_\_\_\_ Dates Worked: \_\_\_\_\_

Description of Responsibilities: \_\_\_\_\_

**VOLUNTEER ACTIVITIES**

(1) Name of Organization: \_\_\_\_\_ Dates Worked: \_\_\_\_\_

Description of Responsibilities: \_\_\_\_\_

Hours worked (total or per week): \_\_\_\_\_

(2) Name of Organization: \_\_\_\_\_ Dates Worked: \_\_\_\_\_

Description of Responsibilities: \_\_\_\_\_

Hours worked (total or per week): \_\_\_\_\_

**EXTRA CURRICULAR ACTIVITIES.**

Clubs: \_\_\_\_\_

\_\_\_\_\_

Activities: \_\_\_\_\_

\_\_\_\_\_

Interests: \_\_\_\_\_

\_\_\_\_\_

PROVIDE INFORMATION ON THREE REFERENCES. YOU MAY INCLUDE YOUR MOST RECENT EMPLOYER.

LETTERS OF REFERENCE ARE HIGHLY RECOMMENDED.

Name and Title	Relationship to you (former supervisor, academic advisor, etc.)	Address	Phone #

**ACADEMIC RECORD**

Please include an official transcript through present school year, with raised school seal imprinted and including a cumulative grade point average.

**SUBMIT COMPLETED APPLICATION AND ATTACHMENTS TO:**

Bedford County Conservation District  
702 West Pitt Street, Suites 3 & 4  
Bedford, PA 15522

**INCOMPLETE APPLICATIONS AND THOSE WITHOUT TRANSCRIPTS WILL NOT BE CONSIDERED.**

**PREVIOUS GLEN BEACH MEMORIAL SCHOLARSHIP RECIPIENTS ARE ASKED NOT TO APPLY A SECOND TIME.**