



To apply for the Zona B McCracken Memorial Scholarship, please:

- (1) Complete the BCF Scholarship Application Form; and
- (2) Provide any scholarship-specific addendums to the application form; and
- (3) Include a copy of your student aid report or a copy of your FAFSA application; and
- (4) Submit current transcript

Where applicable, “service to school” is defined as involvement in school activities, such as clubs, service organizations, school government, pep squad, etc.

**Deadline for submission is March 15, 2019.**

**Applications should be taken to the Nowata High School guidance counselor’s office:**

Applications must be completed by the student.

Applicants selected for scholarships will be required to show proof of admission at an accredited college or university prior to grants being paid.

Award recipients will either be recognized at the high school awards assembly or be notified directly by Bartlesville Community Foundation.

Applicants with questions may contact Bartlesville Community Foundation at (918) 337-2287.

# Zona B McCracken Memorial Scholarship

**Award:**

Up to \$5000 payable as \$1000 per semester for the first two semesters and \$1000 per school year for the next three years as long as 2.5 or higher grade point average is maintained.

**Eligibility Criteria:**

- Nowata High School Graduating senior
- 3.0 or higher GPA on the four-point scale
- Service to school will be defined as involvement in school activities, such as clubs, service organizations, school government, pep squad, etc
- Attending university, college, junior college, trade or vocational school

**Required Addendum:** 200 or less words essay about why you feel you deserve this award



**SCHOLARSHIP APPLICATION FORM  
2019**

SCHOLARSHIP NAME: Zona B McCracken Memorial Scholarship

STUDENT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street/ mailing address City State Zip

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ GENDER:  Male  Female EMAIL: \_\_\_\_\_

ETHNICITY (if applicable to scholarship criteria):  White  African American  Asian  Hispanic  Native American  Pacific Islander/Hawaiian

NAME OF HIGH SCHOOL: \_\_\_\_\_ GPA: \_\_\_\_\_

PLEASE LIST AWARDS, HONORS, SCHOOL CLUBS (including office served, if applicable), & EXTRACURRICULAR ACTIVITIES:

---

---

---

---

---

PLEASE PROVIDE YOUR EMPLOYMENT HISTORY:

---

---

---

WHAT ARE YOUR COLLEGE PLANS? \_\_\_\_\_

---

---

ARE YOU RELATED TO BARTLESVILLE COMMUNITY FOUNDATION BOARD OR COMMITTEE MEMBER?  Yes  No

If yes, what is the relationship? \_\_\_\_\_

\_\_\_\_\_  
Signature of student applicant

\_\_\_\_\_  
Date

By signing, you acknowledge that all information is true and correct, to the best of your knowledge, and that you, the student, completed the application and any required addendum/essay. The applicant should understand that the intent of collecting and maintaining this data on individuals is for determining eligibility of the applicant, specifically, term grades and transcripts by Bartlesville Community Foundation and Zona B. McCracken Memorial Scholarship.