

Bruce E. Douglas Scholarship for Overcoming Adversity A P P L I C A T I O N



I have enclosed the following materials: (Please note that *incomplete applications are ineligible* for consideration.)

| ☐ This | scholarship application | □ Essay □ | Cover letter (optional) I a CREC or member district high school |
|--|---|------------------|--|
| | | | |
| Full Legal Name: | | | middle |
| Identity: | | | |
| Mailing Address: | ctreet (ant#) | city state | zip |
| Telephone: | | | • |
| - | EDU(| CATIONAL HICTORY | |
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| _ | | | |
| Address:street | city, state | zip | Telephone: |
| School Counselor: | | Actual or ex | pected date of graduation: |
| School Counselor Email: | | | |
| | igh school senior, list the of your applications. | | o which you have applied, financial aid |
| Financial aid offered: | | • | |
| 2. College or University: | | | |
| Application status: Financial aid offered: | • | • | |
| 3. College or University: | | | |
| | □ accepted □ per □ none □ yes Amo | nding deferred | |
| Timanetal aid officed. | | ELD OF INTEREST | · |
| Intended college major:_ | | | |
| Career goal(s): | | | |
| | | | |

| | FAMILY INFORMATION — |
|------|--|
| | Parent Guardian - Please indicate relationship (e.g. foster parent, aunt, sibling, etc.): |
| Nar | me: |
| Ado | dress: |
| Tele | ephone: Email: |
| | Parent Guardian - Please indicate relationship (e.g. foster parent, uncle, sibling, etc.): |
| Nar | me: |
| Ado | dress: |
| Tele | ephone: Email: |
| | PERSONAL STATEMENT ———————————————————————————————————— |
| | In no more than 500 words (1-2 typed, double spaced pages), please describe a difficult situation that you overcame to accomplish a life goal. Please demonstrate to the reader how your struggle to overcome adversity has defined your personal growth. Then, describe how you will use your higher education to help transform your community. [|
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| | PERSONAL STATEMENT ———————————————————————————————————— |
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| The undersigned hereby certifies that the in | formation provided in this application is true to the best of their |
| knowledge Providing erroneous or mislead | ing information renders this application ineligible for consideration. |
| kilowicage. I fortailig cifolicous of fillstead | ing information reflects this application incligible for consideration. |
| | |
| | |
| Student applicant signature: | Date: |

BRUCE E. DOUGLAS SCHOLARSHIP FUND

Dr. Douglas was CREC's highly respected Executive Director from 1998 to 2015. In honor of his leadership and commitment to social justice, CREC established the *Bruce E. Douglas Scholarship for Overcoming Adversity*, to be awarded to deserving CREC region high school seniors who are enrolled in a two- or four-year college.



The scholarship is funded through contributions to the CREC Foundation and was unveiled at the November 18, 2015 retirement celebration.

Dr. Douglas continues his work as an education consultant locally, regionally, and internationally.



INSTRUCTIONS FOR SUBMITTING THIS APPLICATION

Incorrect, incomplete or unsigned applications will not be considered. Please proofread your application before submitting. Applicants must have attended a CREC or member district high school. **Applications must be received by April 2, 2024**

The application can be completed by printing and hand writing your information, or typing directly on the application using Adobe® Acrobat, software that can be downloaded for free from the Adobe® website. Essays must be typed. Electronically completed applications can then either be printed, signed, and mailed, or signed electronically by placing scanned signatures where appropriate, then attaching to an email.

Email: foundation@crec.org

Subject: Scholarship Application

Mailing Address: CREC Foundation

c/o Scholarship Review Board 147 Charter Oak Avenue Hartford, CT 06106

Scholarships are awarded at the sole discretion of the CREC Foundation Board of Directors.