

# THE MR. BRUCE CHARACTER AWARD NOMINATION FORM

NOMINATION DATE (mm/dd/yyyy): \_\_\_\_\_

<b><u>STUDENT</u></b>	
Name: _____	
Date of Birth: _____	Social Security Number _____
Address: _____	
Phone: _____	Home High School: _____
Expected Graduation Date: _____	
Cumulative G.P.A.(Weighted) _____ (Non-Weighted) _____	

<b><u>FAMILY INFORMATION (or Guardian if applicable)</u></b>	
<u>Mother</u>	<u>Father</u>
Names: _____	_____
Address(es): _____	_____
Occupation: _____	_____
Income: _____	_____
Number of Children in Family and Ages: _____	
_____	

<b><u>EDUCATIONAL INSTITUTION</u></b>
Accepted by _____
(Name of Institution)
_____
(Location)

1. Please attach your unofficial transcript to this application. Please write scores in spaces provided; not, "see attached".
2. Please list your activities at your high school, community (including service clubs or projects), sports, civic groups and church activities in which you have taken part.
3. Please attach a Letter of Recommendation from a teacher, coach, or group or church leader.
4. Please attach an essay on why you want a college education. The document should be typed, double-spaced, and may be used to help others. The document should be typed, double-spaced, and may be used to help others. The document should be typed, double-spaced, and may be used to help others.

**The complete application  
The Community Foundation of Carroll County  
Please include all attachments  
A Scholarship Fund of the C**



**returned by April 15 to  
1401 W. Suite 313, Westminster, MD 21157  
Attention to be considered.  
Community Foundation of Carroll County, Inc.**