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## ***Bobbie Anderson Scholarship; Chapter B0, P.E.O. 2018***

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*Two \$2,850 scholarships will be awarded  
To be used for tuition or books or room and board*

### **Criteria**

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- Dependent on attending an accredited **College/University in Colorado ONLY**
- *Female*
- *Current high school senior*
- *At least a B average*
- *Full time student*
- *Pikes Peak area resident*
- *Two recommendations from teachers or counselors*
- *Certification that all information is true and complete*

**NO APPLICATION WILL BE CONSIDERED UNLESS ALL THE ITEMS ON THE CHECK-LIST ARE E-MAILED. IF YOU DO NOT HAVE ADOBE ACROBAT ON YOUR COMPUTER, PLEASE DOWNLOAD THE SOFTWARE TO COMPLETE THE APPLICATION.**

**DUE DATE:  
FEBRUARY 15, 2018**

**Please type application and recommendations  
(on computer) then e-mail to:**

**Eula Tatman @ [etatman@ppcf.org](mailto:etatman@ppcf.org)**

**719-445-0602**

**Put B.P.O. 2018 Bobbie Anderson Scholarship in the subject line**

**ADDITIONAL QUESTIONS:**

**Mary Cathryn Haller**

**719-332-6986**

**[cbhdph@comcast.com](mailto:cbhdph@comcast.com)**

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

**Bobbie Anderson Scholarship; Chapter BO, P.E.O.  
Application**

**Full Name** \_\_\_\_\_  
Last Name First Name Middle Name

**I prefer to be called (nickname or shortened first name)** \_\_\_\_\_

**Current School** \_\_\_\_\_

**Home Address** \_\_\_\_\_

**ZIP** \_\_\_\_\_

**Phone Number** \_\_\_\_\_ **Cell** \_\_\_\_\_

**Email** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Last four number of SS#** \_\_\_\_\_

**I have been a resident of the Pikes Peak area since** \_\_\_\_\_

**Father's Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Employer** \_\_\_\_\_

**Mother's Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Employer** \_\_\_\_\_

*If anyone other than a parent is responsible for you please give the following information  
about that person:*

**Name** \_\_\_\_\_

**Relationship to you** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

*If you have brothers or sisters, list their names, ages and colleges (if any) they attend*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

**Extra-curricular Activities**

*List school or community activities, clubs or organizations in which you have participated beginning with 9th grade. Please include offices held and duties or responsibilities in each. If this space is inadequate, you can submit more information by including a separate document.*

**School Activities/Clubs**

Type

Grade

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**Community Activities (including Volunteer)**

Type

Grade

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**Sports**

Type

Grade

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

**Awards/Honors**

**Category**

**Grade**


**Work Experience**    Type , dates, how many hours, employer


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

**Educational Data**

*Please list schools attended beginning with 9th grade.*

School Name	Dates Attended	Location
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**List colleges to which you are applying.**

_____
_____
_____
_____
_____
_____
_____

**List colleges to which you have been accepted.**

_____
_____
_____
_____
_____

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

**Please type a one-page statement that discusses your plans and goals. Include comments on an experience of personal significance or specific person and how that/they inspired or encouraged you.**

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

**APPLICATION AND ALL OTHER REQUIRED ITEMS ON THE CHECKLIST BELOW MUST BE E-MAILED TO:**

**Eula Tatman @ [etatman@ppcf.org](mailto:etatman@ppcf.org)**

**719-445-0602**

**Put B.P.O. 2018 Bobbie Anderson Scholarship in the subject line**

### **Submission Checklist**

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- ☐ **Completed Application**
- ☐ **School Transcripts**
- ☐ **ACT or SAT scores if available**
- ☐ **Two (2) recommendations from either teachers or counselors**
- ☐ **Certification that all information is true and complete (next page)**

NO APPLICATION WILL BE CONSIDERED UNTIL ALL ITEMS HAVE BEEN RECEIVED.  
PLEASE HAVE YOUR TRANSCRIPT AND RECOMMENDATIONS SCANNED AND UPLOADED  
AND E-MAILED WITH YOUR APPLICATION.

***NOTE: You may have an interview with several Chapter BO, P.E.O. women after submitting this application.***

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

Application Signatures (Required)

I certify that all the information in this application is true and complete to the best of my knowledge.

I understand that if I am selected for an award, I may be asked to provide proof of the information stated in this application. I understand that if this information is not provided, or if the information is different than presented in this application, that the award may be rescinded. The Pikes Peak Community Foundation and Bobbie Anderson Scholarship, Chapter BO, P.E.O committee reserve the right to revise, amend, alter or change the amount of the award and the selection criteria as required to meet the spirit and intent of the basic award.

\_\_\_\_\_ Date

Student Signature

\_\_\_\_\_ Date

Signature of Parent or Guardian (if student is under 18 years of age)