

# The Barb Burg Schieffelin Memorial Scholarship Application

## Section A - Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_ City State Zip Code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male: \_\_\_ Female: \_\_\_ Social Security Number: \_\_\_\_\_

Primary Diagnosis: \_\_\_\_\_ Physician/Treatment Center: \_\_\_\_\_

On/Off Treatment since: \_\_\_\_\_ Phone Number for above: \_\_\_\_\_  
(Circle One)

This scholarship would help to finance my education at the following educational institution/s: (Please list full information for each university/college/vocational/technical school you are considering. If you have not yet chosen a school, please list all you are considering. Your award will not be sent until you have notified us of your acceptance and selection of a school.)

School: \_\_\_\_\_ Have you accepted? \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address

\_\_\_\_\_ City State Zip Code

When is tuition due at the institution?

Fall Semester Due Date: \_\_\_\_\_

Spring Semester Due Date: \_\_\_\_\_

School: \_\_\_\_\_ Have you accepted? \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address

\_\_\_\_\_ City State Zip Code

When is tuition due at the institution?

Fall Semester Due Date: \_\_\_\_\_

Spring Semester Due Date: \_\_\_\_\_

**Section B – School Information (school official please fill out section and attach a transcript)**

Grade Point Average (un-weighted based on a 4.0 scale): \_\_\_\_\_

Rank in Class: \_\_\_\_\_ Size of Graduation Class: \_\_\_\_\_

Applicant’s highest SAT/ACT scores: \_\_\_\_\_

This information has been filled out by the following school official:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

\*\*\*School info/transcripts may be high school or most recent college/post sec. class completed

**Section C – School Information (student please fill out section)**

Applicant: please list any extracurricular activities you have been involved in:

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Applicant: please list any honors/awards you have received:

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**Section D – Essay and Letters of Recommendation**

Applicant – please attach a 500 word essay describing why you feel you would benefit from this scholarship. Please include details about your experiences with Camp Ta-Kum-Ta and your educational and personal goals.

*Applicants without an essay will not be considered.*

Please also include 2 letters of recommendation from non-family members. These letters should be from educators, mentors, doctors, etc. Please choose people you know well and can speak to your attributes and character.

**Additional Information**

All paperwork must be received by **April 15, 2016**. Only completed applications will be presented to the committee for review. You will be notified in June if you have been awarded a scholarship.

Please send completed applications to:

Camp Ta-Kum-Ta  
The Barb Burg Schieffelin Memorial Scholarship  
P.O. Box 459  
So. Hero, VT 05486

For questions about this scholarship, contact:

Hattie Johnson at (802) 372-5863 or by email [hattie@takumta.org](mailto:hattie@takumta.org)

**Certify Application**

I hereby certify that the above information is true to the best of my knowledge.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_