Brutus “Skip” Wright III Memorial Scholarship Fund Application

Personal & Academic Information

First Name : __________________________________________

Last Name : __________________________________________

E-mail Address : _______________________________________

Local Address : ________________________________________

Home Address : ________________________________________

Phone Number : _______________________________

NU ID Number : _______________________________

Select your College

☐ Business Administration          ☐ Arts, Media and Design
☐ Computer and Information Sciences ☐ Engineering
☐ Bouve Health Sciences            ☐ Science
☐ Social Sciences and Humanities   ☐ Undeclared

Major : ___________________________ Graduation Year : ______________

Cumulative GPA : __________________

List Academic Honors and Awards
Leadership Roles and Activities

Co-Curricular Activities (within major):

Community Activities:

Co-op Experiences:

Student Org. Membership and Leadership Role(s):

Other Information (i.e. experiences, awards, etc.)

Faculty or Staff Recommendation

First Name : __________________________________________________________

Last Name : __________________________________________________________

Department : __________________________________________________________

E-mail : __________________________________________________________

Phone : _______________________

A recommendation from a Northeastern faculty or staff member may be emailed to BSWScholarship@neu.edu. If they prefer, a sealed copy may be dropped off to the John D. O’Bryant African-American Institute by January 15, 2016.

*Recommendations – I acknowledge that my application will not be complete until a letter of recommendation and the signed waiver for release of information form has been submitted electronically or received at the John D. O’Bryant African-American Institute.
Essay Question

Essay Question: Please describe an experience that you have had at Northeastern that represents good citizenship, community service and defines you as a leader. How does this relate to the Brutus “Skip” Wright III Memorial Scholarship Fund? (max of 500 words):
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WAIVER FOR RELEASE OF INFORMATION

(Pursuant to the Family Educational Rights and Privacy Act)

I hereby provide the staff members in the Office of Student Conduct & Conflict Resolution with authorization to release, discuss and/or share information regarding my student disciplinary record(s) with the following organization:

The Brutus “Skip” Wright II Memorial Scholarship Committee (administered through the John D. O’Bryant African-American Institute)

I understand that my signature below indicates that I am waiving my right to confidentiality of my disciplinary records with regard to the specific people or organizations identified/named above Brutus “Skip” Wright II Memorial Scholarship Committee (administered through the John D. O’Bryant African-American Institute).

__________________________________________________________
Student First and Last Name (printed)

__________________________________________________________
Student Signature

Date

Please note:
YOU MUST attach a xerox copy of your NUID or State license to this completed form.
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After fully completing your application please return by hand deliver, fax, email and/or postal mail to:

The Brutus “Skip” Wright III Memorial Scholarship Fund
C/O The John D. O’Bryant African-American Institute
NORTHEASTERN UNIVERSITY
Boston, Massachusetts 02115

Email: BSWScholarship@neu.edu
Fax: (866)617-7616