



Watson-Reese Briarfield Scholarship

Name: _____ Race/Ethnicity: _____

Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Phone Number: _____ E-mail: _____ Student ID#: Y00: _____

Name of High School: _____ GPA: _____ ACT/SAT Score: _____

College Major: _____ GPA: _____ Hours Completed: _____

Intended YSU Graduation Date: _____ Attending Full or Part Time: _____

Briarfield Employee: _____ Relationship to Employee: _____

FAFSA form completed: YES or NO

Participation in clubs, organizations, and extracurricular activities:

Community/Volunteer Service:

Work Experience:

Anything else you wish the committee to know:

Student's Signature: _____ Date: _____

***By signing this application, I agree to the release of financial, as well as, academic information to representatives of the above identified scholarship and YSU Foundation**

****Due Date – February 1, 2021 for the Fall 2021 academic year.**

Return application in person to the Briarfield worksite of the referring employee