**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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, 2022 for the Fall 2022 academic year.**

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