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**BRYAN D. WILLARD**

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MEMORIAL SCHOLARSHIP  
APPLICATION FORM

Name of Applicant: \_\_\_\_\_  
Home Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Social Security Number or Boston University Student ID: \_\_\_\_\_

1. Check the box that applies:

- I am a veteran of the armed services of the United States and have received a Purple Heart.  
 I am the spouse or child of a veteran of the United States who was killed in the line of duty.

2. Check the box that applies and fill in the blank:

I have been accepted into the following degree program at Boston University's Metropolitan College:

\_\_\_\_\_  
 I have applied to the following degree program at Boston University's Metropolitan College, but have not yet heard about the admission decision: \_\_\_\_\_

I am planning to apply to the following degree program at Boston University's Metropolitan College:

3. If I receive a scholarship award, I plan to use it for the:

- Fall semester during the \_\_\_\_\_ year  
 Spring semester during the \_\_\_\_\_ year

4. How did you hear about the Bryan D. Willard Memorial Scholarship?

5. Please attach a personal statement of 500 or more words explaining your reasons for applying for the Brian D. Willard Memorial Scholarship, and what you expect to gain from your experience at Metropolitan College. Also, discuss your future academic and career goals.

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

**Application deadline for fall semester scholarship: August 1**

**Application deadline for spring semester scholarship: December 1**

Mail your application and all supporting materials to:

Dr. Carl G. Sessa  
Assistant Dean, Student Academic Affairs  
Boston University Metropolitan College  
755 Commonwealth Avenue, Room 102  
Boston, MA 02215  
617-353-2977

