

2025 DUDLEY M. JENSEN MEMORIAL SCHOLARSHIP APPLICATION

The Bourne Braves will award at least one scholarship in the amount of \$500.00 to a graduating high school student athlete with significant volunteer work in the local community and ties to the Bourne Braves family.

Recipients will be notified by the end of May and scholarships will be awarded at a ceremony to be held during the 2025 Bourne Braves Season.

1.	First Name:	Last Name:				
2.	Mailing Address Street: City: State:	Zip:				
3.	Telephone Number:					
	Email Address:					
4.	Date of Birth: Month Day Year					
5.	Name and location of High School attending:					
6.	Cumulative Grade Point Average (GPA): (On a 4.0 scale) Attach proof of GPA. Your most recent school transcript is required.					
7.	A. List any academic honors, awards and membership activities while in high school:					
	B. List your hobbies, outside interests, extracurricular activities and school related volunteer activities:C. List your non-school sponsored volunteer activities in the community:					
8.	A. If you have decided on what college you will attend, please list school name:					
	B. If not, list your top 3 college choices:					
	Name & address of parent(s) or legal guardian(s):					
9.	Name(s) : Street: City: State: Home phone of parents or legal guardians:	Zip:				



10. On a separate sheet please write a short essay describing what participation in athletics and volunteer work has taught you and how it has shaped who you are today.

STATEMENT OF ACCURACY FOR STUDENTS

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge.

I also consent that if chosen as a scholarship recipient my picture may be taken and used to promote the Bourne Braves scholarship program.

I hereby understand that if chosen as a scholarship recipient, I must be present at any potential awards ceremony during the Bourne Braves 2024 season to receive my scholarship award.

Incomplete applications will not be considered.

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Signature	ot	scho	larship	app	licant:

Date: _____

Checklist Application Essay			
Resume/Activity Sheet			
School Transcript			
MAIL COMPLETE APPLICATION PACKAGE TO THE BOURNE BRAVES AT:			
Bourne Braves			
Scholarship Application			
P.O. Box 895			
Monument Beach, MA 02553			
SUBMISSION DEADLINE:			
This Application and supporting materials must be received by April 25, 2025.			