

**Fletcher "Buster" Brush Memorial Scholarship  
2019 Application**

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**Please complete this form.**

**This form must be submitted to your local Co-op Insurance Agent by April 15, 2019.**

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
(Please Print)

**TO THE APPLICANT:** The information requested on this form is important to the Scholarship Committee. In order to make informed decisions regarding applicants for this scholarship, the committee needs to have as much pertinent information as reasonable. Applicants are requested to complete this application in an accurate, neat and timely manner. Thank you for your cooperation.

**Legal and Permanent Address:** \_\_\_\_\_

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

**Family Information:**

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

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

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

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

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

**School Attending:** \_\_\_\_\_

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

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

**School Attending:** \_\_\_\_\_

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

**School Attending:** \_\_\_\_\_

**School Information:**

**School you are currently attending:** \_\_\_\_\_

**Current Grade Point Average:** \_\_\_\_\_

**Class Schedule for Senior Year:** \_\_\_\_\_

**Extracurricular Activities at Your School:** \_\_\_\_\_

**Community Activities Outside Your School:** \_\_\_\_\_

**School You Plan to Attend:** \_\_\_\_\_

**Intended Field of Study:** \_\_\_\_\_

- A. Buster Brush's life was dedicated to the service of others as detailed at [www.brushscholarship.org](http://www.brushscholarship.org). After reflecting on the values Buster emulated, please answer the *three* questions below in 100 words or less:

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*(you may continue on the back or attach a separate sheet)*

1. Describe a non-school community activity that has been most meaningful to you and explain why.

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2. Which of your extra-curricular activities at school is most important to you. Why?

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3. Describe the attributes of the adult who has influenced you the most during your high school years.

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- B. Please attach a personal reference from an adult other than the adult you describe in question A3.

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**Please use this checklist to make sure your application is complete. Incomplete applications will not be considered.**

- Neatness, clarity, legibility, spelling, and accuracy count.** You may type or handwrite the application, either on this form or by submitting attachments. No pencil, please.
  
- Complete Page 2.
  
- Answer three questions on Page 3.
  
- Attach a personal reference (See item B on Page 3).
  
- Attach an official copy of your transcript.
  
- Submit the **complete** application package to your local Co-operative Insurance Companies Agent no later than **Tuesday, April 15, 2019.** (See your guidance counselor if you don't know who your local agent is.)

***If you have any questions, please contact Dave Tatlock at [dtatlockvt@gmail.com](mailto:dtatlockvt@gmail.com).***

***Thank you for your attention to the above instructions.***

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**Following is for *Fletcher "Buster" Brush Memorial Scholarship Committee* use only:**

**SUBMITTAL FORM**

Co-op Agent Name: \_\_\_\_\_

Applicant Name \_\_\_\_\_

Date application received \_\_\_\_\_

Is the application complete? \_\_\_\_\_

Do you know the applicant? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, you know the applicant, please provide remarks about the applicant:

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Co-op Agent Signature