



2025-26 Crystal Boling-Barton Leadership Scholarship Application and Guide

Welcome to the Buffalo Council of Supervisors and Administrators (BCSA) Local #10 Crystal Boling-Barton Leadership Scholarship Program. BCSA provides a scholarship to deserving Buffalo Public School high school seniors that have demonstrated both leadership and academic excellence. We strongly recommend that you take the time to thoroughly read and understand all the information contained in this packet.

Application Deadline: May 1, 2026

CHECKLIST

- A completed BCSA Scholarship Application
- 200–250-word typed essay in 12 pt font based** on the required 2025-2026 essay topic
- Two (2) letters of reference, one must be from a school staff member.
- Your high school transcript and GPA emailed directly to BCSAscholarship@gmail.com from your School Counselor
- A copy of your college/university *acceptance letter* must be provided prior to the disbursement of the scholarship.

All BCSA Crystal Boling-Barton leadership scholarship applications must be completed in full and emailed to BCSAscholarship@gmail.com no later than May 1, 2026.
Any application received after the deadline will be ineligible for review.

All applicants will be notified if they have received a BCSA Crystal Boling-Barton Leadership Scholarship Award of \$1,000 or \$500.00. All applicants will be notified of the Committee decisions by May 29, 2026. Proof of college/university enrollment must be provided prior to disbursement of the scholarship award. The decision of the Scholarship Committee is final.

Scholarship Application

Application Deadline: May 1, 2026

Incomplete applications will not be considered

Instructions:

1. Carefully read the scholarship application and checklist.
2. Complete all requested information (typed is required).
3. Provide Color wallet size photo for publicity purposes only – *Mandatory*

ESSAY TOPIC (200-250 words): *"How have your education and life experiences thus far prepared you for future leadership opportunities?"*

Personal Information					
Legal Name					
Last		First		Middle Initial	
Permanent Street Address					
City		State		Zip Code	
Parent/Guardian Name and Cell Phone Number					
Applicant's Email:					
Name of High School				Anticipated Date of Graduation	
School Counselor's Name				Counselor's Phone Number	
Area(s) of Interest / Career Objective:					

On an additional sheet, please answer the following questions (must be typed). Include your first and last name on all attachments:

- List your personal financial need
- List school & community leadership activities in which you have been involved and list any awards or office held.

Certification from High School

GPA _____ Class Rank _____ of _____

Signature of Applicant/Date: _____

RECOMMENDATION FORM (Duplicate as needed)

Return via email to BCSAscholarship@gmail.com no later than May 1, 2026

Applicant's Name

Last

First

Middle Initial

Recommender's Full Name

Permanent Street
Address

City

State

Zip Code

Relationship to
Applicant

How long have you
known the
applicant?

Please comment on your recommendation or give additional information about the applicant's scholastic
and leadership abilities you feel may be pertinent.

Email:

Phone #

Recommender's
Signature:

Title:

Principal's Name (Please Print):

Principal's Signature: