

Deb Beard Memorial STEM Scholarship

Application for the 2026-2027 Academic Year

Personal Information

Name (First & Last): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

School: _____

Date of Birth: ___/___/_____ Email: _____

Educational Information

Which four-year college or university will you be attending in the Fall?

Within which STEM field will you major? _____

Current GPA (4 pt scale): _____

Additional Information

Please provide at least one but up to three references (one of these must be a contact from your school district):

1. Name: _____ Email: _____

2. Name: _____ Email: _____

3. Name: _____ Email: _____

Describe your personal Career Goals in a sentence or two:

Describe extracurricular activities or community involvement that you participated in:

Please fill out this application form and send a copy, along with your unofficial high school transcripts, and the required essay to Jacob Korte at the Regional Science Consortium. Please feel free to reach out if you have any questions.

Email: Jacob@RegSciConsort.com

