# Downsville Central School

To the Student:

The Educational Grant that you are applying for with this application properly filled out, is in the amount of: from \$50. to \$200. The grant is an outright award.

The establishment of this fund was made possible by the support of the community of Downsville and the Alumni of the Downsville Central School. It is hoped that this fund will grow with the years and enable us to increase the award or make more than one grant. We hope that the winner(s) of this grant will, when he finds himself in an enabling position, contribute to the fund and thus perpetuate the award. This is not a requirement, only an encouragement.

Any of the questions you do not wish to answer, leave blank.

# EDUCATIONAL FUND

"a school, community and alumni venture"

# PURPOSE:

The purpose of the Fund is to accumulate money for the outright grant of monetary awards to graduating seniors of the Downsville Central School. The recipient of the award must be registered for a course of instruction at a trade school, technical school or college approved by the New York State Board of Regents. The award shall be for a period of one year only.

### AIMS:

To establish a fund of money that will be large enough so that the principal can be left untouched and the interest used for the granting of awards.

# BASIS OF AWARDS:

The applicant must be recommended by the Guidance Counselor. The applicant must be a twelfth year student and make application for the award on forms provided by the governing body.

The basis for the award will be:

Need

Scholarship

Effort Citizenship

Failure to meet the qualifications of the award gives the committee the prerogative to not grant an award.

# DOWNSVILLE CENTRAL SCHOOL APPLICATION FOR EDUCATION GRANT

| 1.  | Name of Applicant                               |                   |
|-----|---|-------------------|
| 2.  | Father's Name                                   | occupation        |
| 3.  | Mother's Name                                   | occupation        |
| 4.  | Name of Guardian (if other than parent)         |                   |
| 5.  | List of brothers and sisters with age and their | r present status. |
|     | a   |                   |
|     |   |                   |
|     |   |                   |
|     |   |                   |
| 6.  |   |                   |
|     |   | Type of Program   |
|     | Have you investigated the cost of attending sc  |                   |
|     | If yes, what do you expect your annual cost wi  |                   |
|     | (Tuition, Room & Board, Books, Fees, 1          |                   |
| .0. | Do you plan to live on campus?                  |                   |
| 1.  | Have you applied for financial aid?             | If yes estimate:  |
|     | Grants \$                                       | TAP               |
|     | \$  |                   |
|     | Work Study                                      | Scholarships      |
|     |   | Loans             |
|     | Other Sources                                   |                   |
|     | Parents   | Other             |
|     | Savings   |                   |
|     |   | _                 |

| School Interests and Activities:          |                         |             |
|---|-------------------------|-------------|
| CLASSES, CLUBS, OFFICES HELD:             |                         |             |
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| ATHLETICS:                                |                         | (**)        |
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| COMMUNITY ACTIVITIES:                     |                         |             |
| (Scouts, Church, Community Organizations) |                         |             |
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| Date:                                     | Signature of Applicant: | •           |

PLEASE RETURN TO THE GUIDANCE OFFICE BY: 5-27-22