

Beatrice L. Williams Scholarship Fund

Scholarship Application Form

NOTE: In order to be eligible for this scholarship, you must attend Arkport, Avoca, Canisteo-Greenwood, Wayland-Cohocton, Hornell, or Jasper-Troupsburg school and have applied to Alfred State.

(Please print)

1. Name _____

Telephone No. _____

Address _____

2. High School _____

Expected Graduation Date _____

3. Have you or will you be taking any college-level courses prior to high school graduation? ☐ Yes ☐ No

If yes, please list courses. _____

4. What are your educational & career plans?

(a.) Alfred State

Have you been accepted? ☐ Yes ☐ No

What program of study? _____

(b.) After Alfred State College? _____

5. Will other members of your immediate family, living with you, be attending college full-time during the next school year? ☐ Yes ☐ No

If yes, how many?

6. Are you currently employed?

Full-time ☐ Yes ☐ No

Part-time ☐ Yes ☐ No Hours per week _____

List the name and address of your employer:

Employer _____

Address _____

Telephone No. _____

May the scholarship review committee contact them about your employment?

☐ Yes ☐ No

If no, why not? _____

7. Please list your major school activities in the last 3 years. **Please do not include activities related to sports.**

(a.) _____

(b.) _____

(c.) _____

(d.) _____

(e.) _____

8. Please list your major community activities in the last 3 years. **Please do not include activities related to sports.**

(a.) _____

(b.) _____

(c.) _____

(d.) _____

9. Have a present teacher send a letter of recommendation to the address listed on the next page. This letter should tell us of your general attitude, current accomplishments (**not including those related to sports**), and the writer's estimate of your potential for success at college.

10. Have two additional letters from other character references sent to the address below. These should be from people other than relatives and identify their relationship (connection) to you. **(Please ask that they not reference any activities related to sports.)**
11. Be sure that your ACT and/or SAT scores (if available) are listed on the high school transcript or are sent separately to the address below.
12. In no more than two typed, double-spaced pages, please explain in your own words, your aspirations in life, including your background, school, community, and other activities. **Please do not include items related to sports.**

AFFIRMATION OF ACCURACY OF APPLICATION

The undersigned hereby affirms that the foregoing application for the *Beatrice L. Williams Scholarship* is true and correct and that any attachments hereto are authentic or true copies of such.

Signature of Applicant

Date

WE SUGGEST THAT BEFORE YOU MAIL THIS APPLICATION YOU MAKE A COPY TO KEEP IN YOUR FILES.

Applications and all accompanying materials must be postmarked on or before **April 1, 2019.**

Mail to: Beatrice L. Williams Memorial Scholarship Fund
Office of Admissions
Alfred State College
10 Upper College Drive
Alfred NY 14802