

---

**MOHAWK VALLEY COUNSELING ASSOCIATION**

---

**2017 SCHOLARSHIP APPLICATION**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Parent/Guardian's Name:** \_\_\_\_\_

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

**Future Plans:** \_\_\_\_\_

\_\_\_\_\_  
**College you plan to attend:** \_\_\_\_\_

**College Phone Number:** \_\_\_\_\_

**Date of Acceptance:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

Parent/Guardian signature grants consent for application to be entered in scholarship lottery

**Counselor Signature:** \_\_\_\_\_

Counselor must be a paid member of the Mohawk Valley Counseling Association

**Cumulative GPA:** \_\_\_\_\_ **Rank In Class:** \_\_\_\_\_

Minimum 85% GPA non-weighted

**DEADLINE DATE IS May 5, 2017**

**Counselors:** Please send completed applications directly to:

Dr. Jim Davis  
2314 Sunset Ave.  
Utica, NY 13502