

**Children's Enrichment Committee
of
Orange County, New York**

Emily Akers Scholarship Application Form

Please check the scholarship for which you are applying. We ask that you fill out this application carefully and completely. Failure to do so may prevent our selecting you as a winner. Proof of income may be required as extreme financial need is of foremost consideration.

_____ Academic College _____ Vocational Training

Name of Applicant: _____ Date of Birth: _____

Address: _____ Phone: _____

_____ Email: _____

Name of caseworker or foster parent, if applicable: _____ Phone: _____
(Please indicate whether caseworker or foster parent.)

Mother's Name: _____

Occupation: _____ Employer: _____ Gross Annual Income: _____

Father's Name: _____

Occupation: _____ Employer: _____ Gross Annual Income: _____

Other Income Sources for household (amounts): SS Disability _____ Child Support _____

Please check: Food Stamps ___ Rent Subsidy ___ Medicaid ___ Other? _____

Current Members of Household (Please use other side of this page if more space is needed.)

| <u>Name</u> | <u>Age</u> | <u>Grade or Year in College</u> | <u>Employment</u> |
|-------------|------------|---------------------------------|-------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

How many family members (other than you) will be attending college next year? _____

Applicant's Interests and Activities (Attach separate sheet if needed, including year.)

School: _____

Community: _____

Other: _____

Emily Akers Scholarship Application Form - (Page 2)

Applicant's Work History/Experience Related to Career Goals

| <u>Employer</u> | <u>Date</u> | <u>Job Description</u> |
|-----------------|-------------|------------------------|
| _____ | _____ | _____ |

College or Vocational School where you have been accepted and plan to enroll:

Educational Financial Information

Estimate your expenses for your first year of college or vocational school: _____

How much have you been able to save toward college expenses? _____

Other Scholarships or Grants applied for or received (organizations and amounts):

Amount of financial support you expect from:

Parent(s) _____ Self _____ Others sources _____

Essay - On a separate sheet of paper:

DESCRIBE YOUR EDUCATIONAL OR VOCATIONAL GOALS and how this scholarship will help you achieve them. (Please include an EXPLANATION OF YOUR FINANCIAL NEED.)

(approximately 150 words)

Please provide an OFFICIAL TRANSCRIPT of your high school record, including SAT or ACT scores and class rank.

Scholarships will be awarded on the basis of: 1)Extreme Financial Need, 2)academic achievement, including GPA, as reflected on an official transcript, 3)extra-curricular activities, community service, and work-history (which may include family responsibilities), and 4)evaluation of essay written according to the criteria above.

Applications and other requested information must be postmarked no later than APRIL 15TH and returned to:

**Patricia N. Kind
Scholarship Chairperson
Children's Enrichment Committee
8 Little Collabar Rd.
Montgomery, N.Y. 12549-1803**