

*Falls Region Chapter  
of New York State Women, Inc.*

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**SCHOLARSHIP APPLICATION INSTRUCTIONS**

**AWARD: One \$500 Scholarship**

**ELIGIBILITY REQUIREMENTS:**

Award will be made to one FEMALE OR MALE SENIOR who has been a student at Hudson Falls High School for at least two years prior to the time of graduation. The student must reside within the Hudson Falls School District. The student must have been accepted or await acceptance at either a 1, 2 or 4 year program of study at an accredited school, college or university.

**AWARD CONSIDERATION:**

The Scholarship Committee of the Falls Region Chapter of New York State Women, Inc. (FRC/NYSWI) will consider the overall academic standing, financial need, and other awards the student has been selected to receive. The student should be a good citizen and get along well with others. The student should have a good social attitude evidenced by participation in both academic and social activities in school and the community. The recommendations of the Guidance Department will also be considered.

**SELECTION PROCEDURE:**

Applications forms will be collected from the Guidance Department on the **first Friday in May**. The Scholarship Committee will meet in May to consider all applications and select the award recipient. FRC/NYSWI members will be informed of the selection at the May meeting. After the meeting, the recipient will be notified, as well as the Guidance Department. Recipient and parents/guardians will be invited to the June FRC/NYSWI meeting at which time the FRC/NYSWI local President will award a certificate to the scholarship recipient.

**REQUIREMENTS FOR RECEIVING THIS AWARD:**

At graduation, the recipient will receive a check made out to the student for the total amount of the award.

**FOR ASSISTANCE OR QUESTIONS, CONTACT:**

Carol Walkup at 747-6752 or 744-9848.  
Scholarship Committee Chairperson.  
Falls Region Chapter of New York State Women Inc.

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**SCHOLARSHIP APPLICATION FOR**  
Falls Region Chapter of New York State Women, Inc.

**AWARD: One \$500 Scholarship**

Instructions:

1. Please type or print all information requested.
2. If any information does not apply to you, put "NA" (not applicable) in the blank provided.
3. If you would like to include any additional information not requested in the application, please attach any statements that might be helpful to the Scholarship Committee.
4. If you have any questions, or need assistance in completing this application, please contact your Guidance Counselor or the Falls Region Chapter of NYSWI Scholarship Committee Chairperson.
5. Your application must be completed and returned to your Guidance Department by the first Friday in May.
6. Applications can only be considered with authorization signed by a Parent or Guardian. (see below)

**\*\* AUTHORIZATION FROM PARENT OR GUARDIAN\*\***

I am aware that \_\_\_\_\_ is applying for a scholarship and request that an official transcript be attached to this application by the Hudson Falls Guidance Department. Furthermore, I have checked the completed application form and it meets with my approval.

Signature of Parent or Guardian

\_\_\_\_\_

Date

\_\_\_\_\_

ACTIVITIES/SERVICES/HONORS

List SCHOOL RELATED ACTIVITIES, CLUBS, AND OR SERVICES YOU HAVE BEEN INVOLVED IN AND LEADERSHIP POSITIONS HELD:  
(Attach additional sheets if necessary)

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LIST COMMUNITY ACTIVITIES, CLUBS, AND OR SERVICES YOU HAVE BEEN INVOLVED IN AND LEADERSHIP POSITIONS HELD:  
(Attach additional sheets if necessary)

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LIST SPECIAL RECOGNITIONS YOU HAVE RECEIVED FOR SCHOLASTIC ACHIEVEMENTS OR OTHER FORMS OF ACHIEVEMENTS THAT WOULD BE RELATED TO YOUR CHOSEN FIELD OF STUDY (prizes, awards, honors, scholarships, etc.)

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LIST JOBS YOU HAVE HELD:

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FINANCIAL INFORMATION

PLEASE COMPLETE THIS INFORMATION FOR THE PLACE LISTED ON PAGE 4 WHICH IS HIGHEST ON YOUR PREFERENCE LIST AND AT WHICH YOU HAVE BEEN ACCEPTED. USE THE FIGURES FROM THE FINANCIAL AID ANALYSIS SHEET WHICH THE COLLEGE SENT YOU.

SCHOOL/COLLEGE/INSTITUTION

Tuition	\$ _____	Savings	\$ _____
Room	\$ _____	Earnings	\$ _____
Board	\$ _____	From Parents	\$ _____ **
Personal Needs	\$ _____	Loans	\$ _____
Books	\$ _____	Scholarships (please list)	
Transportation	\$ _____	_____	\$ _____
Other (Specify)		_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	Other (Specify)	
_____	\$ _____	_____	\$ _____
SUB TOTAL	\$ _____	SUB TOTAL	\$ _____

\*\* IF YOU SUBMITTED FINANCIAL AID FORMS (FAF, FFS), USE THE FIGURE WHICH THE COLLEGE SCHOLARSHIP SERVICE DESIGNATED AS YOUR FAMILY'S CONTRIBUTION.

PLEASE EXPLAIN ANY UNUSUAL FAMILY OR FINANCIAL CIRCUMSTANCES THAT YOU FEEL THE SELECTION COMMITTEE SHOULD BE AWARE OF IN ITS EVALUATION OF YOUR APPLICATION.

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APPLICANTS SIGNATURE

ALL STATEMENTS IN THIS APPLICATION ARE CORRECT TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANTS SIGNATURE

**SCHOOL RECORD**  
(To be completed by Guidance Department)

APPLICANT'S CUMULATIVE RECORD \_\_\_\_\_%

APPLICANT RANKS \_\_\_\_\_ IN A CLASS OF \_\_\_\_\_ STUDENTS.

SIGNIFICANT LIMITATIONS (PHYSICAL, SOCIAL, MENTAL)

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COMMENTS WHICH MAY BE HELPFUL IN OUR CONSIDERATION OF THIS APPLICANT.

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DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

POSITION \_\_\_\_\_