



Altmar Parish Williamstown Educational Foundation, Inc.

---

P.O. Box 97  
Parish, NY 13131  
315-625-5251

February 25, 2008

Via Electronic Means

Mr. Carl Hills  
Ms. Kari Flemming  
APW Guidance Office  
639 County Route 22  
Parish, NY 13131

Dear Carl and Kari:

Please be advised that the APW Educational Foundation is seeking interested applicants for its 2008 Scholarships Program as authorized by our Board of Directors. The Foundation will be awarding \$500.00 scholarships to two seniors from this year's graduating class who plan to pursue an undergraduate degree at either a two or four year school. A copy of the complete application package is attached. The deadline to apply is April 4, 2008. It would be our intention to announce the winners at the annual awards dinner.

Please feel free to contact me by phone or e-mail if you have any questions. Thank you very much for your kind attention in these regards.

Very truly yours,

Thomas Benedetto

TB

Enclosure

cc: Ms. Deborah Haab  
Mr. Michael Egan

# Altmar-Parish Williamstown Educational Foundation, Inc.

## Scholarship Eligibility and Selection Guidelines

**SCHOLARSHIP ELIGIBILITY:** Students who will earn a diploma from Altmar Parish Williamstown Central School District, Parish, New York, who will be pursuing a two or four year undergraduate degree program, on a full-time basis, from an accredited institution of higher education, are eligible to apply for a scholarship from the Foundation in their senior year.

**SCHOLARSHIP CRITERIA:** The scholarship selections shall be made from a review of the materials submitted with the application and awarded to the students who demonstrate their commitment to academic performance, a desire to serve others, including character in community and school life. The scholarship criteria is set by the Board of Directors, and subject to their review annually.

**NUMBER:** Two (2) scholarships shall be awarded annually.

**AMOUNT:** Scholarship will be a minimum of \$500.00 each. Scholarships are not renewable or transferrable to another student.

**PAYMENT:** Scholarship proceeds shall be paid directly to the institution upon verification of enrollment.

**APPLICATION DEADLINE:** The application deadline shall be set annually by the Board of Directors.

**SELECTION OF RECIPIENTS:** Scholarship recipients will be selected from the pool of candidates who have applied for the award. All scholarship applicants must complete the application packet, and provide all necessary information. Submission of the scholarship application does not guarantee scholarship funding for the applicant as each application will be considered on its own merit.

**SCHOLARSHIP COMMITTEE:** Applications will be reviewed by a selection committee, consisting of at least five (5) members, appointed annually by the board of directors. The committee shall operate in accordance with the laws of the State of New York, and be governed by the By-Laws and Conflict of Interest Policy of the APW Educational Foundation, Inc. The committee shall meet at such times and with such frequency as required to review and consider all of the applications which meet the submission requirements promulgated by the board. The decision of the Scholarship Committee is final.

**CONFLICT OF INTEREST POLICY:** To ensure the unbiased selection of all scholarship recipients, as it relates to any actual or possible conflict of interest or appearance of impropriety by reason that a relative of any person directly or indirectly affiliated with the Foundation has applied, any employee, board of director, officer, or member of the selection committee, of the Altmar Parish Williamstown Educational Foundation, Inc., or any substantial contributor to the Foundation, shall disclose that one or more family members or relatives, including but not limited to, a spouse, brother or sister, by whole or half blood, ancestors, children, grandchildren, or great grandchildren, is in the pool of scholarship applicants and shall, therefore, recuse him/herself from the entire scholarship nomination process for that pool of candidates, including all meetings, discussions, debates, and votes regarding the nomination or selection of any applicants.

**NON-DISCRIMINATION:** The APW Educational Foundation, Inc. welcomes all individuals to apply for any awards or scholarships and does not discriminate in any of its personnel policies, practices, procedures, programs or scholarship award practices relative any classification protected by law, including age, race, color, national origin, lineage or citizenship status, creed, religion, sex, gender, sexual orientation, marital status, disability, veteran status, or other protected status.

# Altmar-Parish Williamstown Educational Foundation, Inc.

## Scholarship Application

**SCHOLARSHIP ELIGIBILITY:** Seniors anticipating graduation in June 2008 with a diploma from Altmar Parish Williamstown Central School District, Parish, New York, and who are pursuing a two or four year undergraduate degree program, on a full-time basis, from an accredited institution of higher education.

**SELECTION OF RECIPIENT:** Selection of the recipients will be based on a demonstrated commitment to academic performance, a desire to serve others, including character in community and school life. Applications will be reviewed by a selection committee. The selection committee's decision is final.

**NUMBER:** Two (2) scholarships shall be awarded

**AMOUNT:** Each scholarship shall be a minimum of \$500. The scholarship is not renewable.

**PAYMENT:** Scholarship proceeds shall be paid directly to the institution upon verification of the student's enrollment.

**APPLICATION DEADLINE:** **April 4, 2008**

**SCHOLARSHIP CONFLICT OF INTEREST STATEMENT:** To ensure the unbiased selection of all scholarship recipients, as it relates to any actual or possible conflict of interest or appearance of impropriety by reason that a relative of any person directly or indirectly affiliated with the Foundation has applied, any employee, board of director, officer, or member of the selection committee, of the Altmar Parish Williamstown Educational Foundation, Inc., or any substantial contributor to the Foundation, shall disclose that one or more family members or relatives, including but not limited to, a spouse, brother or sister, by whole or half blood, ancestors, children, grandchildren, or great grandchildren, is in the pool of scholarship applicants and shall, therefore, recuse him/herself from the entire scholarship nomination process for that pool of candidates, including all meetings, discussions, debates, and votes regarding the nomination or selection of any applicants.

**CONTACT:**

**A.P.W. High School Guidance Office**

639 County Rt. 22  
P.O. Box 97  
Parish, NY 13131  
(315) 625-5220

**A.P.W. Educational Foundation, Inc.**

639 County Rt. 22  
P.O. Box 97  
Parish, NY 13131  
(315) 625-5251

**Completed applications and all accompanying materials must be received in the high school guidance counselor's office no later than April 4, 2008**

## Student Agreement

Please read carefully the statements below, and initial in the space provided, indicating your agreement with each statement.

\_\_\_\_\_ *In submitting this application, I certify that the information provided is true and complete to the best of my knowledge, and the essays are my own work.*

\_\_\_\_\_ *If I am selected as a scholarship recipient, I agree to permit the APW Educational Foundation to confer with my college to verify my continuing enrollment.*

\_\_\_\_\_ *I also agree that my name and photograph may be used in any announcements or promotional information for the APW Educational Foundation, Inc. in connection with this scholarship.*

Student Signature

Parent Signature

Date

## **DIRECTIONS for Application:**

**Note: Scholarship application may be handwritten (print legibly in ink) or typewritten.**

<b>Application Sections</b>	<b>Instructions</b>
<b>All sections are required.</b>	<b>Applicants who are or will be graduating from high school during the current school year.</b>
<b>Student Agreement</b>	<b>Please initial statements to indicate your agreement and sign.</b>
<b>1 and 2</b>	<b>Please complete all requested information.</b>
<b>3A</b>	<b>Please complete all requested information in Section 3A and submit it to your guidance counselor. Remember to sign and date this report before you submit it to the guidance counselor for completion.</b>
<b>3B</b>	<b>Once the guidance counselor receives this Secondary School Report, he/she will complete Section 3B, attach an official student high school transcript, and include this report with the application.</b>
<b>4 and 5</b>	<b>Please complete all requested information which is applicable.</b>
<b>6</b>	<b>Please respond to each of the essay questions in 200 words or less per question. Type the question and your response on a separate sheet for each essay. Be sure to include your full name and address on each page.</b>
<b>7A</b>	<b>Please complete all requested information in Section 7A and submit this form to your reference with an envelope addressed to your guidance counselor. Remember to sign and date the form before giving it to your reference. Please allow them at least one business week to complete their part.</b>
<b>7B</b>	<b>Once your reference receives this report, he/she must complete Section 7B and submit it <u>directly</u> to your guidance counselor.</b>
<b>Completed Application</b>	<b>Turn in sections 1-6 to your high school guidance counselor. All parts of your application must be received in the Guidance office by June 15th.</b>

## Section 1 Biographical Information

### Part 1 - - Personal Data

Full Legal Name

Sex M  F

Last

First

Middle

nickname

Birth Date

Place of Birth

Legal Address

Street

City

State

Zip

Telephone Number

How long at this address

Mailing Address (if different from above)

Street

City

State

Zip

Cell Phone if applicable

Do you have dependents?

Name(s)

Age

Relationship to you

Name(s)

Age

Relationship to you

How many people currently in your household?

Your E-mail Contact:

### Part 2 - - Family Information

**Father**

**Mother**

Full Name

Living?

Age

Full Name

Living?

Age

Address (if different from you)

Address (if different from you)

Occupation

Firm Name (if applicable)

Occupation

Firm Name (if applicable)

Annual Income

Annual Income

Undergraduate College Attended

Degree and Date Awarded

Associate (2-year degree)

Baccalaureate (4-year degree)

Undergraduate College Attended

Degree and Date Awarded

Associate (2-year degree)

Baccalaureate (4-year degree)

Graduate College Attended

Degree and Date Awarded

Graduate College Attended

Degree and Date Awarded

E-mail Address

E-mail Address

**Part 2 - - Family Information - cont.**

Check if appropriate:       Parents Divorced       Parents Separated       Father Remarried       Mother Remarried

If not with both parents, with whom do you live?

Full name \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_

If not parents, who is your legal guardian?

Full name \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_

**Siblings**

Names \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ College(s) Attended \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Section 2 Educational Information**

Current high school attended

Dates of Attendance from \_\_\_\_\_ To \_\_\_\_\_

School Name \_\_\_\_\_ Month/Year \_\_\_\_\_ Month/Year \_\_\_\_\_

Guidance Counselor

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Other Secondary Schools:

School Name and Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Dates Attended \_\_\_\_\_

School Name and Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Dates Attended \_\_\_\_\_

Enter name, address and phone number of the college you plan to attend:

School Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Have you been accepted: Yes  No  (If no briefly explain your acceptance status below)

## Section 3A Secondary School Report

**Directions to the Applicant:** Please complete Section 3A only. When complete, submit entire application to your school guidance counselor.

Full Legal Name _____	Last 4 Digits of Social Security Number _____
Secondary School Name _____	Guidance Counselor's Name _____
Address _____	

**Family Educational Rights and Privacy Act of 1974**

*Under the provision of the Family Educational Rights and Privacy Act of 1974, you have the right to review your educational records. The Act further provides that you may waive your right to see letters of recommendation written on your behalf. I will not seek access to the confidential recommendation submitted on my behalf for the sole purpose of my scholarship application.*

Signature _____	Date _____
-----------------	------------

## Section 3B Secondary School Report

### Counselor's Report & Student Transcript

**Directions to the Counselor:** This individual is applying for a scholarship through the APW Educational Foundation, Inc. Your candid evaluation of this student will be helpful. Please attach student high school transcript to this application along with a copy of the students current schedule of classes.

Please check how you rate this student's academic ability, motivation and potential according to your personal contacts, or a composite of teachers' evaluations.

Qualities	Outstanding (top 5%)	Excellent (top 10%)	Good (above average)	Average	Unsatisfactory	Cannot Evaluate
Interest in academic & intellectual matters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative in academics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disciplined work habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character & personal promise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How long have you known the applicant? \_\_\_\_\_ How well do you know the applicant? \_\_\_\_\_ How many Advanced Placement courses has this applicant taken? \_\_\_\_\_ How many college courses has this applicant taken? \_\_\_\_\_  
Please list: \_\_\_\_\_

**Grade Point Average**

This applicant's overall GPA is \_\_\_\_\_ on a \_\_\_\_\_ scale

**Diploma Type:** \_\_\_\_\_

**Rank in Class**

This applicant's rank is \_\_\_\_\_ in a class of \_\_\_\_\_.

**SAT Scores:** Verbal: \_\_\_\_\_ Math: \_\_\_\_\_

**ACT Scores (if applicable):** English: \_\_\_\_\_ Math: \_\_\_\_\_

Reading: \_\_\_\_\_ Science: \_\_\_\_\_ Composite: \_\_\_\_\_

*If appropriate, we welcome your additional comments regarding unusual strengths, potential difficulties, or unusual circumstances or experiences.*

Signature _____	Title _____	Date _____
-----------------	-------------	------------

## Section 4 Activities and Interests Information

Please list your principal extracurricular activities in order of their importance to you. Please indicate in what years of high school - 9,10,11,12 - you participated. Briefly explain on a separate sheet of paper which one of your talents, interests, or activities means the most to you.

Clubs & School Activities	Years		Offices Held, Leadership Positions	Honors/Awards
	9,10,11,12	Hrs/Wk		

Fine Arts (music, drama, speech, dance, band, etc.)				

Sports				

International experiences or special study programs				



## Section 6 Written Work

**Directions to the Student:** Please respond to each of the following essay questions in 200 words or less per question. Type the question and your response on a separate sheet for each essay. Be sure to include your full name and address on each page.

1. What are your career interests?
  
2. Do you believe that your education at A.P.W. Schools has prepared you for college?
  
3. Do you plan on residing in the A.P.W. School District after college (why or why not)?
  
4. Describe what you wish to accomplish with your college education.
  
5. If the Foundation could improve one thing about the A.P.W. school community it would be the following: (specify).
  
6. As a recipient of this scholarship, would you help the Foundation promote the value of higher education, and if so, how would you go about it?

## Section 7A Teacher or Other Adult Recommendation

**Directions to the Applicant:** Complete Section 7A only and present this form, together with an envelope addressed to your school guidance counselor, to your teacher, coach, employer, or other person of your choice (not a relative) who knows you best.

Full Legal Name _____	Last 4 Digits of Social Security Number _____
Secondary School Name _____	Guidance Counselor's Name _____
Address _____	

Family Educational Rights and Privacy Act of 1974

*Under the provision of the Family Educational Rights and Privacy Act of 1974, you have the right to review your educational records. The Act further provides that you may waive your right to see letters of recommendation written on your behalf. I will not seek access to the confidential recommendation submitted on my behalf for the sole purpose of my scholarship application.*

Signature _____	Date _____
-----------------	------------

## Section 7B Teacher or Other Adult Recommendation

**Directions:** You have been chosen by this applicant to submit the required teacher's or other adult's recommendation. We're grateful for your help and cooperation. We suggest that you retain a copy for your files. Please seal the recommendation in the envelope provided and give it to the school guidance counselor named above no later than June 15th.

How long have you known the applicant? \_\_\_\_\_ How well do you know the applicant? \_\_\_\_\_ (describe):  
 \_\_\_\_\_  
 \_\_\_\_\_

Please check how you rate this student's academic ability, motivation and potential according to your personal contacts, or a composite of teachers' evaluations.

Qualities	Outstanding (top 5%)	Excellent (top 10%)	Good (above average)	Average	Unsatisfactory	Cannot Evaluate
Interest in academic & intellectual matters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative in academics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disciplined work habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character & personal promise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*We would appreciate your attaching additional comments regarding unusual strengths, potential difficulties, or unusual circumstances or experiences. If necessary, please attach a separate piece of paper.*

Signature _____	Title _____	Date _____
-----------------	-------------	------------