



**Herkimer Region  
College & Career  
Scholarship Foundation**

352 Gros Boulevard,  
Herkimer, New York 13350  
Phone (315) 867-2000  
Fax (315) 867-2024

**FOR OFFICE USE ONLY:**

**ID#** \_\_\_\_\_

**Award Amount \$** \_\_\_\_\_

**TO THE APPLICANT:**

The Herkimer Region College & Career Scholarship Foundation provides financial assistance to help students enter higher education. By completing the information required in this application, you will enable us to determine your eligibility consistent with our evaluation criteria.

You must complete your sections of this application at your earliest convenience and forward it to the two individuals you have selected to complete the applicant appraisals (Page 5 & 6). You are encouraged to select a school counselor, teacher, advisor, coach or employer.

If any questions are not applicable to your current situation, please attach an explanatory note referring to the questions by section. If more space is required for information on any items, you may attach additional information. Please indicate appropriate sections.

You are responsible for seeing that all supporting documents are submitted. Herkimer Region College & Career Scholarship Foundation reserves the right to process only applications found to be complete as of the application postmark deadline.

**RETURN TO YOUR HOME SCHOOL COUNSELOR BY**

**March 1, 2024**

Please Print (in ink) or Type

**APPLICANT DATA**

Mr. \_\_\_\_\_  
Ms. Name (Last) (First) (Middle Initial)

Permanent Address (Street) (City) (State) (Zip)

\_\_\_\_\_ ( ) \_\_\_\_\_  
Date of Birth (month, day, year) Telephone Number

\_\_\_\_\_  
E-mail Address

Name of parent/guardian \_\_\_\_\_

Permanent mailing address of parent/  
guardian if different from applicant  
(Street) (City) (State) (Zip)

( ) \_\_\_\_\_  
Telephone Number

### Application Checklist

This application for student aid becomes complete and valid only when you have returned the following materials. Please check off the items that have been completed.

☐ Applicant Data

☐ Two Applicant Appraisals *[74 points each]*

**Personal Data:**

☐ Work Experience *[20 points]*

☐ School & Community Involvement *[30 points]*

☐ Aspirations & Goals *[20 points]*

☐ Unusual Circumstances/Personal Hardships *[10 points]*

☐ School Data

☐ Transcript Information *[one point per credit]*

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in termination of any scholarship or career award granted.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

## PERSONAL DATA

Total of 80 points

**Work Experience:** Describe your work experience during the past four years. [20 points]

Indicate **dates** of employment in each job and approximate number of **hours** worked each week.

Employer/Position/Duties	Date From (mo/yr)	Date To (mo/yr)	Hours Per Week

**School & Community Involvement:** [30 points] List all school activities in which you have participated during the past four years (e.g., student government, music, sports, etc.). List all community activities in which you have participated without pay **during the past 4 years** (e.g. Red Cross, church work, volunteer work). Indicate special awards/honors.

Activity	Number of Years Participated	Special Awards/Honors	Activity	Number of Years Participated	Special Awards/Honors

**Aspirations & Goals:** [20 points] Describe your future plans step by step as they relate to your education and career goals.

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**Personal Hardships:** [10 points] Please report any personal hardships, family or personal circumstances you feel warrant consideration.

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## SCHOOL DATA

High School Attended \_\_\_\_\_

Graduation Date: \_\_\_\_\_

Month/year

Address \_\_\_\_\_

( ) \_\_\_\_\_

(Street)

(City)

(State)

(Zip)

Telephone Number

High School Principal \_\_\_\_\_

Name of post-secondary school for which applicant's financial assistance is requested:

\_\_\_\_\_

Address \_\_\_\_\_

(Street)

(City)

(State)

(Zip)

- ☐ 4-year College/University
- ☐ Community College
- ☐ Accredited

Major field of study applicant plans to pursue: \_\_\_\_\_

### Enrollment

- ☐ Less than half-time
- ☐ Half-time
- ☐ Full-time

Anticipated date of graduation from post-secondary program or start of employment:

### TRANSCRIPT INFORMATION: [1 point per credit] Must be completed by Home School Counselor (Required)

Please list all technical education related courses and credits that will be received by the end of the senior year on the chart below and attach a copy of the high school transcript.

Tech. Education/Vocational Course/s	Credit		Career Cluster	<input checked="" type="checkbox"/>
			Agriculture, Food and Natural Resources	
			Architecture and Construction	
			Arts, Audio/Visual Technology and Communications	
			Business Management and Administration	
			Education and Training	
			Finance	
			Government and Public Administration	
			Health Science	
			Hospitality and Tourism	
			Human Services	
			Information Technology	
			Law, Public Safety, Corrections and Security	
			Marketing	
			Manufacturing	
Technical Education Concentration			Science, Technology Engineering and Math	
Total			Transportation, Distribution and Logistics	

Counselor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



Applicant's Name: \_\_\_\_\_

Include appraisal #2 in a sealed envelope.

The appraiser is asked to sign their name on the seal of the envelope and attach it to the application.

## APPLICANT APPRAISAL #2

[74 points]

**REQUIRED – IF NOT COMPLETED APPLICATION WILL NOT BE CONSIDERED**

***Please do not use applicant's name in appraisal.***

To be completed by a high school or college counselor or advisor, or an instructor.

You have been asked to provide information in support of this application for financial assistance. Please give immediate and serious attention to the following statements. When complete, please return this form to the applicant, or photocopy this section and return to applicant in a sealed envelope.

The applicant's choice of a post-secondary education program is:	<input type="checkbox"/> Extremely appropriate	<input type="checkbox"/> Very appropriate	<input type="checkbox"/> Moderately appropriate	<input type="checkbox"/> Inappropriate
The applicant's achievements reflect his/her ability:	<input type="checkbox"/> Extremely well	<input type="checkbox"/> Very well	<input type="checkbox"/> Moderately well	<input type="checkbox"/> Not well
The applicant's ability to set realistic and attainable goals is:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Very good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
The quality of the applicant's commitment to school and community is:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Very good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
The applicant is able to seek, find and use learning resources:	<input type="checkbox"/> Extremely well	<input type="checkbox"/> Very well	<input type="checkbox"/> Moderately well	<input type="checkbox"/> Not well
The applicant demonstrates curiosity and initiative:	<input type="checkbox"/> Extremely well	<input type="checkbox"/> Very well	<input type="checkbox"/> Moderately well	<input type="checkbox"/> Not well
The applicant's respect for self and others is:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Very good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor

**MUST BE COMPLETED BY APPRAISER- Comments must be included to ensure applicant receives maximum number of points.**

Comments [please print or type]: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ ( ) \_\_\_\_\_  
Appraiser's Signature                      Date                      Title                      Telephone

Relationship to Applicant \_\_\_\_\_

How Long Have You Known Applicant? \_\_\_\_\_

