

New York State Federation of Home Bureaus, Inc.

**2010 SCHOLARSHIP AWARD FORM**

Name of scholarship: Franklin County Home Bureau #45 College: North Country Community

FIELD OF STUDY: Nursing

ALTERNATE FIELD OF STUDY: Radiology and Mental Health

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

Address \_\_\_\_\_  
\_\_\_\_\_

County \_\_\_\_\_

Field of Study \_\_\_\_\_

Amount (specific) \_\_\_\_\_

**Alternate Recipient:** Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

County \_\_\_\_\_

Field of Study \_\_\_\_\_

Semester & Date for which Award is effective \_\_\_\_\_

\*\*\*\*\*

Date of selection meeting \_\_\_\_\_ Please list names, addresses and phone numbers of Home Bureau Selection Committee attending. If you are a SUB please note that by your name.

1. \_\_\_\_\_  
\_\_\_\_\_ Phone # \_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_ Phone # \_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_ Phone # \_\_\_\_\_

4. \_\_\_\_\_  
\_\_\_\_\_ Phone # \_\_\_\_\_

**COLLEGE PERSONNEL:** return this form to Scholarship Chairman: Gay Tidd, 10681 Route 16, Delevan, NY 14042

**SELECTION COMMITTEE CHAIRMAN:** Please return copies of this form to both:

Gay Tidd, State Scholarship Chairman, 10681 Route 16, Delevan, NY 14042

Donna Belling, State Assistant Scholarship Chairman, 7205 Townline Rd, N. Tonawanda, NY 14120

**If the scholarship is not awarded please return this form and write the reason why it was not awarded**

**2010 APPLICATION FORM**  
**NEW YORK STATE FEDERATION OF HOME BUREAUS, INC**

**SCHOLARSHIP IN HONOR OF:** Franklin County Home Bureau  
**FIELD OF STUDY:** Nursing / Radiology - mental health

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

**To be eligible to receive this award a student must be:**

- Full-time student (see guideline #1)
- Academic standard of 2.85
- Student must be in 2<sup>nd</sup>, 3<sup>rd</sup> or 4<sup>th</sup> year
- Resident of NYS within an organized county of Home Bureau

If an applicant feels any one or more questions are to personal, they do not have to put a response in.

1. Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_
2. Grade point average: \_\_\_\_\_  
Anticipated graduation date: \_\_\_\_\_  
Field of study: \_\_\_\_\_
3. Single or Married (circle one)      Age: \_\_\_\_\_  
A. Applicant occupation: \_\_\_\_\_  
B. Applicant spouse occupation: \_\_\_\_\_  
C. Total income: \_\_\_\_\_
4. Legal address (on driver's license)      County \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Father's occupation \_\_\_\_\_
6. Mother's occupation \_\_\_\_\_
7. Do you live off campus or at home \_\_\_\_\_
8. Estimate your total yearly educational costs \_\_\_\_\_
9. Number of brother or sisters in currently in college: \_\_\_\_\_
10. Number of brother or sisters currently living at home: \_\_\_\_\_
11. What other financial aid are you applying for?  
\_\_\_\_\_

