

Greater Tuckahoe Area Merchants Association as trustees for
The Doris C. Stowell Scholarship

Applicants for the scholarship will be predetermined by the High School Staff based on financial need. If interested in applying for this scholarship the student must provide to the High School Guidance Office (1) the Financial Aid Package from the college of their choice and (2) Student Aid Report from FAFSA before May 1st.

Those candidates pre-selected for consideration must then forward the following:

1. Transcript of high school record.
2. Acceptance letter from a college or post-secondary program you plan to attend.
3. A typed, double spaced essay, not more than 500 words, describing why you have chosen your stated career, and the factors that led to this decision. Include an explanation as to why you feel you should be considered for this scholarship and any special circumstances not already named.
4. A minimum of two personal letters of recommendation from someone other than a relative. (Teacher, Guidance Counselor, Employer, Clergy, Volunteer Director) The packet must be sent to the Scholarship Committee, % GTAMA, Inc. P.O. Box 656, Tuckahoe, N.J. 08250.

NOTE: ALL COMPLETED APPLICATIONS MUST BE MAILED TO THE COMMITTEE BY June 1, 2009

PLEASE READ THIS STATEMENT CAREFULLY BEFORE YOU SIGN BELOW

I understand the scholarship for which I am applying will be granted by the Greater Tuckahoe Area Merchants' Association, as Trustees of the Doris C. Stowell Scholarship Fund, whose decision will be final. The scholarship will be used to defray part of my education costs at the school of my choice. A check will be presented to the recipient by the GTAMA scholarship committee, upon the successful completion of the first college semester.

Signed _____ Date _____
Student

PARENT/GUARDIAN STATEMENT

I, _____, the Parent/Guardian of applicant _____

_____, have read this application, verify its contents to be true, and give my consent to its submission to the Doris C. Stowell Scholarship Committee. I authorize publication of such information by the GTAMA in connection with the announcement of the winner. I understand that the decision of the committee will be final.

Doris C. Stowell Scholarship Application

PERSONAL INFORMATION

Applicant's name _____
Last First Initial

Permanent Mailing Address _____
Street Apt #

_____ Town State Zip code

Telephone Number _____ Date of Birth _____

Social Security Number _____ Email address _____

Parent(s)/Guardian(s) Full Name _____

Address (if different from above) _____
Street Apt #

_____ Town State Zip code

EDUCATION

Name of High School _____ Telephone # _____

Address _____
Street Town State Zip code

Principal's Name _____

Applicant's Grade Point Average _____ Date of Graduation _____

Honors/Awards/Commendations Received _____

Career Interest and Planned Major _____

Colleges or post secondary schools to which you have applied:

	Name	Location	Accepted/Pending
First Choice	_____	_____	_____

Second Choice	_____	_____	_____
---------------	-------	-------	-------

Third Choice	_____	_____	_____
--------------	-------	-------	-------

Employment (include summer jobs: List last job first)

Position _____ Employer _____

Dates of Employment _____ Hours per week _____
From - To

Position _____ Employer _____

Dates of Employment _____ Hours per week _____
From - To

Position _____ Employer _____

Dates of Employment _____ Hours per week _____
From - To

EXTRACURRICULAR ACTIVITIES, COMMUNITY INVOLVEMENT AND/OR VOLUNTEER WORK

List school, community, church/synagogue, volunteer activity participation:
