

# MEMORIAL SCHOLARSHIP PROGRAM DESCRIPTION

One \$500 or two \$250 scholarships may be awarded annually. Each scholarship winner will receive a check for the designated amount following the receipt of proof of successful completion of the first semester of school, acceptance for the second semester and a commitment to schooling. Proof will include an official copy of the first semester grades (minimum 2.5 GPA required) and a letter from the registrar stating the individual is enrolled for the second semester.

## THE APPLICATION PACKET:

- Information and instructions for applicants
- Cover letter form
- Application form
- Three blank reference letter forms
- Three return envelopes

## THE COMPLETED APPLICATION MUST INCLUDE:

- Completed cover letter form
- Completed application form
- Separate page(s) with essay of 300 to 500 words
- Three completed reference letter forms
- A letter of acceptance from the college of choice (must be received in the Extension Office by the date of the interview)
- Class rank & graduating class size.

NOTE: All parts of the application must be typed, neatly printed or written or completed on a word processor.

## REFERENCE LETTER FORMS:

Attached are 3 copies of a reference letter form. One of the three should be completed by a former 4-H leader or other adult familiar with the applicant's 4-H experience. The remaining two may be from a teacher, neighbor or other adult who knows the applicant well. References should seal the completed form in the envelope provided. The envelope may be mailed or included unopened with the application packet.

## THE SCORING AND DECISION MAKING PROCESS:

A team of **five** people will read and score each application separately. No names will appear on the applications when they are being scored. Scores will be totaled and the top scoring applicants will be scheduled for interviews. Following the interviews, one or two and an alternate may be chosen. Scoring is as follows. **Application: 60%; Interview: 40%.**

All those interviewed will be notified by telephone or letter prior to announcements in the 4-H New, a press release and notification to high schools.

**CORNELL COOPERATIVE EXTENSION OF ONEIDA COUNTY**

**MEMORIAL SCHOLARSHIP PROGRAM**

**Information and Instructions for Applicants**

The Cornell Cooperative Extension of Oneida County Memorial Scholarship Program funds one \$500 or two \$250 scholarships annually. The scholarship program is designed to promote the 4-H Youth Development Program mission; to enable youth to develop the knowledge, skills, abilities, attitudes and behaviors to be competent, caring adults. Financial support for the scholarship(s) will be dependent on continuing donations to the Memorial Scholarship Program.

**ELIGIBILITY**

- 1) The applicant must be a graduating senior and plan to attend a two or four year college or university, trade, technical or business school.
  
- 2) The applicant must have at least three (3) consecutive years of active 4-H membership in Oneida County. It is not necessary to be an active member at the time of application for the Cornell Cooperative Extension of Oneida County Memorial Scholarship.

**TIME LINE**

Applications are available from and must be returned to the Cornell Cooperative Extension of Oneida County 4-H Youth Development Office, 121 Second Street, Oriskany, New York, 13424. (Phone: 315-736-3394)

**Applications Due: April 4, 2018**

**Decisions Announced: Week of May 18, 2018**

**Awards Presented: Local High School Awards Event**

Note: In addition to the official announcement and the presentation of the scholarship award, the scholarship recipient(s) will be recognized in the local newspapers, in the 4-H newsletter, at the Association's Annual Meeting and at the 4-H Achievement Day.

**CORNELL COOPERATIVE EXTENSION OF ONEIDA COUNTY  
MEMORIAL SCHOLARSHIP APPLICATION  
COVER LETTER FORM**

Name

Address

Phone Number(s)

**ONEIDA COUNTY 4-H MEMBERSHIP**

Consecutive Years of Active Oneida County 4-H Membership:

20\_\_ To 20\_\_

List 3 to 5 of the 4-H projects you have participated in.

**SCHOOL INFORMATION**

Name of High School

Class rank & graduating class size

List the college, university, trade, technical or business school(s) you have made application to or been accepted to attend. Indicate which one(s) you have been accepted to attend.

Name

Location

Name

Location

Name

Location

Intended major, area of study or career goal, if known:

# **CORNELL COOPERATIVE EXTENSION OF ONEIDA COUNTY MEMORIAL SCHOLARSHIP APPLICATION**

**(DO NOT WRITE YOUR NAME ANYWHERE ON THE APPLICATION)**

## **4-H EXPERIENCE: (10 POINTS)**

How has your experience in 4-H influenced your career goals?

## **EMPLOYMENT OR OTHER RESPONSIBILITIES: (10 POINTS)**

Describe employment you have had or other work related responsibilities you have held, including in the family. What did you learn or what did you gain from this work/responsibility which will help you in the future?

## **LEADERSHIP/COMMUNITY SERVICE: (10 POINTS)**

Describe leadership and community service activities you have participated in through 4-H, your family, school, church or other organizations. What did you gain from these experiences?

## **ESSAY: (30 POINTS)**

In 300 to 500 words tell what values have you derived from participation in 4-H that helped you become the person you are today? What was your most challenging experience in 4-H? What did you learn from it?

**CORNELL COOPERATIVE EXTENSION OF ONEIDA COUNTY**

**MEMORIAL SCHOLARSHIP REFERENCE FORM**

APPLICANT NAME \_\_\_\_\_

NAME OF REFERENCE \_\_\_\_\_

ASSOCIATION WITH APPLICANT \_\_\_\_\_

YEARS OF CONTACT \_\_\_\_\_

Briefly comment on the character of the applicant with particular attention to ambition, leadership, responsibility and motivation. You may also share information regarding goals or behaviors that support the candidates' application for this scholarship.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Return this form, sealed in the attached envelope, through the mail or delivered by the applicant, sealed, with the other parts of the application.

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**MEMORIAL SCHOLARSHIP REFERENCE FORM**

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NAME OF REFERENCE \_\_\_\_\_

ASSOCIATION WITH APPLICANT \_\_\_\_\_

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