



## Owego Free Academy Alumni Scholarship Application

The Owego Free Academy alumni class of 1969 has established this scholarship to assist seniors with their post-graduate studies. Rather than naming the endowment for their class, they designated it the Owego Free Academy Alumni Scholarship Fund. Like so many OFA graduates, members of the Class of 1969 have very fond memories of Owego, friends, teachers, and coaches. This is their way of saying “thanks for the memories”.

### Eligibility Criteria:

- Graduating senior of Owego Free Academy, Owego, New York.
- Must be pursuing post-high school studies at an accredited two- or four- year college, university, technical school, police or military academy.
- Essay (200 – 250 words double spaced) that describes areas in your life where you have demonstrated leadership and overcame obstacles either through your school, social or family life.
- Must have earned at least an 80 grade point average while in high school
- Must have demonstrated a commitment to OFA and/or the Owego-Apalachin School District region through involvement in extracurricular activities and/or volunteerism in the Owego-Apalachin community.
- Please provide a list of school based activities (including leadership positions, clubs and athletics) as well as community volunteer activities and the number of months or years.
- This is based on merit.

Please see your guidance office for deadlines.



Owego Free Academy Alumni Scholarship Application

Type or print neatly in black or blue ink. Only complete applications will be considered.

**Personal Information:**

Last Name		First Name		MI
Street Address			Apt. /Unit Number	
City	State	Zip Code	Home Phone	Cell Phone
Sex: M    F	Date of Birth: ____/____/____ MM/DD/YYYY		Name of High School	Date of Graduation
E-mail Address				

**Parental Information:**

Father's Last Name		First Name		MI
(If different) Street Address		Apt. /Unit Number		Email Address
City	State	Zip Code	Best Available Phone Number	
Name of Employer			Employed Since	
Mother's Last Name		First Name		MI
(If different) Street Address		Apt. /Unit Number		Email Address
City	State	Zip Code	Best Available Phone Number	
Name of Employer			Employed Since	

**Employment Information:**

Do you currently have a part-time job? Y    N    If yes: \_\_\_\_\_  
Position

Name of Employer	Employer's Phone Number
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Owego Free Academy Alumni Scholarship Association

**School Based Information:**

Major Field of study in college: \_\_\_\_\_

Name of the college, university, technical school, police or military academy you will attend:

\_\_\_\_\_

G.P.A. \_\_\_\_\_ SAT Score \_\_\_\_\_ or Act Score \_\_\_\_\_

Class Rank \_\_\_\_\_ of \_\_\_\_\_ # students.

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I attest that all personal data included within this application is truthful and in no way misleading. All contents have been completed entirely by me (the applicant) to the best of my knowledge.

If I am selected as a recipient of a Community Foundation for the Twin Tiers scholarship, I agree to permit the Foundation to confer with my school to verify my continuing enrollment during the term of my scholarship.

I also agree that my name and photograph can be used in announcements made by the Community Foundation for the Twin Tiers regarding the particular scholarship (s) for which I have been awarded. I also agree that by signing this I permit my school to give the Community Foundation for the Twin Tiers information regarding my SAT scores, current GPA and class rank.

Awards may be used at any accredited, nonprofit college or university within the United States.

\_\_\_\_\_

Signature of Applicant

\_\_\_\_\_

Date of Signature