



Ruth Agar Memorial Scholarship Application

Ruth Agar was an elementary teacher in Ulysses for thirty-three years. With her passing in 2008 she bequeathed a sum of money and a scholarship fund was created to give scholarships each year to graduating seniors who show characteristics of spunk, kindness and acceptance of all. They could attend a two or four year institution of higher education.

Eligibility Criteria:

- Graduating senior from Northern Potter High School.
- Accepted into an accredited 2 or 4 year institution of higher learning.
- Essay (200-250) words double spaced on what makes you an excellent candidate to pursue a career that is people oriented.
- Average of at least a “C”.
- Student must have demonstrated financial need.
- Characteristics of spunk, kindness, and acceptance of all.
- Seeking a career in a field which is people oriented.
- Payment to be made directly to student’s school after completing first semester.

Please contact your guidance office for deadline.



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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: ___/___/___		Name of High School	
	MM/DD/YYYY			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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School Based Information:

Major Field of study in college: _____

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

G.P.A. _____ Sat Score _____ or ACT Score _____.

Class Rank _____ of _____ # students.

Financial Information:

Please enter your Expected Family Contribution (EFC) number that can be found on the top of your Student Aid Report (SAR), which is generated after completing your Free Application for Federal Student Aid Form (FAFSA):_____. If this number is not available at the time of submitting the application, please provide details as to the status of FAFSA. Please notify your guidance office when the number becomes available.

Number of Dependents in Family _____ Number of other siblings in College _____

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 or current GPA.

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

Signature of Applicant

Date of Signature