

Alice Walker Cooper Family Scholarship

Albert & Doris Anderegg were dairy farmers from Verona, NY. Albert through his estate established this scholarship to honor his wife's family. Earl C. Cooper, Doris's uncle was the founder of Tioga General Hospital, and with his wife, Alice Cooper Walker, donated land for the hospital.

Eligibility Criteria and Check List:

- Graduating senior from Waverly Central High School or its successor.
- Accepted into an accredited university or college.
- Complete an essay (200-250 words, double spaced) describing an experience in your life where you had to overcome a challenge. What did you learn from this? How could you share this learning with others?
- Preference for students pursuing a field in agriculture.
- 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.

Please see your guidance office for deadlines.



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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	State Zip Code Ho		hone	Cell Phone	
Sex: M F Date of Birth		$\frac{1}{DD/}$ YYYY	Name	of High S	School	Date of Graduation
E-mail Address						
Parental Information:						
Father's Last Name		First Na	ame			MI
(If different) Street Address		Apt. /Unit N	umber	Emai	il address	
City	State	Zip Code	Bes	t Availab	le Phone N	lumber
Name of Employer				Emplo	yed Since	
Mother's Last Name		First Nan	ne			MI
(If different) Street Address		Apt. /Unit Nu	mber	Emai	il address	
City	State	Zip Code	Best Ava	ilable Ph	one Numbe	er
Name of Employer			Emp	oloyed Si	nce	
Employment Information:						
Do you currently have a part-time	job? Y	X N	If yes:	Positio	on	

Name of Employer

Employer's Phone Number



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School Based Information:

Major Field of study in college: _____

Name of the college or university you will attend:

G.P.A	 SAT Score	 _ or ACT Score	
Class Rank of	 # students.		

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