

Rose Marie Tubbs Memorial Scholarship Application

This scholarship was established in memory of Rose Marie Tubbs, a 1957 honors graduate of the Northern Potter High School. She had a gift for bringing happiness and fulfillment to all who she encountered, even while fighting cancer for many years. A scholarship will be awarded annually to a Northern Potter senior who is seeking a career in a field which may position them to contribute to the medical science developments which have the potential to eradicate diseases such as cancer.

Eligibility Criteria:

- Graduating senior from Northern Potter High School.
- Accepted into an accredited 2 or 4 year institution of higher learning.
- Seeking a career in a field which may position them to contribute to the medical science developments which have the potential to eradicate diseases such as cancer.
- Essay (200-250 words double spaced) on what makes you an excellent candidate to pursue a career where you will contribute to medical science.
- Payment to be paid directly to student's school after first semester completed.

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	Firs	t Name	MI		
Street Address					Apt. /Unit Number
City	State	Zip Code	Hon	ne Phone	Cell Phone
Sex: M F Date of Birth:	/_ MM/DD		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		ber	Email Address	
City	State Zip Code		Best Available Phone Number		
Name of Employer				Employed S	Since
Mother's Last Name	First Name			MI	
(If different) Street Address	Apt. /Unit Number		Email Address	·	
City	State	Zip Co	de —	Best Available l	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			En	nployer's Phone 1	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 Sec	ore			
Class Rank	of	# students.				
contents have If I am selecte	been completed ent	irely by me (the app Community Founda	ication is truthful and in no way misleading. All licant) to the best of my knowledge. ation for the Twin Tiers scholarship, I agree to rify my continuing enrollment during the term of my			
			I in announcements made by the Community scholarship (s) for which I have been awarded.			
		permit my school to ores, current GPA a	give the Community Foundation for the Twin Tiers nd class rank.			
Awards may b	be used at any accre	dited, nonprofit colle	ege or university within the United States.			
Signature of	Applicant		Date of Signature			