



Tomb Family Scholarship Application

The Tomb Family Scholarship was started in 1997 by Glenn Tomb in memory of his wife, Beverly. After his passing the family continued the scholarship in both of their memories.

Eligibility Criteria:

- Graduating senior from Northern Potter High School.
- Accepted into an accredited college or university.
- Must be furthering education in the health care field.
- Essay (200-250 words double spaced) on why you have chosen to pursue your education in the field of health care.
- The applicants must be in the top 10% of their graduating class at the end of the first semester of their senior year.
- Must be recognized as having demonstrated good citizenship and good moral character in the classroom and the community.

Please contact your guidance office for deadline.



Tomb Family 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: ____/____/____	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
------------------	-------------------------



Tomb Family Scholarship Application

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