ONEIDA LAKE REGION Antique Automobile Club of America Syracuse, New York

Oneida Lake Region Scholarship

Objectives:

- To encourage and attract a younger generation in an effort to perpetuate the automotive hobby and our club.
- To encourage other members of the community to participate in this Scholarship program.

Criteria:

- The Scholarship is intended for graduating high school seniors with an interest in cars and intent to pursue an automotive related education at a recognized facility.
- Applicants must meet <u>all</u> of the criteria to be eligible for the Scholarship.
- Applicants must furnish proof of enrollment in a recognized post-high school educational or training program before any funds will be disbursed to the recipient.
- Applicants must complete a personal questionnaire including but not limited to his/her career goals, personal achievements, extra-curricular activities, plans for future education, and an essay as to why he/she is deserving of this scholarship.
- Applicants must be willing to give a brief report to the Oneida Lake Region of his/her progress during the first year of study.
- Evaluations and award will be the responsibility of the Scholarship Committee of the Oneida Lake Region.
- All applications will be kept confidential during the evaluation process and will be destroyed after the selection process has been completed.
- Those applicants chosen as finalists may be required to be personally interviewed by the Scholarship Committee as part of the selection process.
- The successful applicant will be notified by August 1.



ONEIDA LAKE REGION

Antique Automobile Club of America Syracuse, New York



SCHOLARSHIP APPLICATION

APPLICANT DATA

Name:			
Address:			
Phone: Date of Birth:/			
Name of Parent/Guardian			
Address: (If different from Applicant)			
SCHOOL DATA			
High School Attended: Grad. Date			
Address:			
Name of Post-Secondary School for which scholarship is requested:			
Address:			
Above School is (check one): 4 year College/University () Vo-Tech () Community College () Other () Accredited? Yes () No ()			
Enrolled () less than half-time () half-time or more () full-time			
Major Field of Study Applicant will pursue:			
Anticipated Date of Graduation/ (month/year)			
TRANSCRIPT INFORMATION			
Applicant must have the following section completed by the appropriate school official.			
Applicant ranks in a class of Cumulative grade point average			
School Official's Signature Title			
(Date) (Date) Telephone			

ADDITIONAL DATA REQUIRED:

Robert Forbes		Application Deadline is May 31	
Mail	completed application to:		
Applicant's Signature		Date	
	knowledge. Falsification of a	tify the information provided is complete and accurate to the bes ny information may result in termination of any scholarship	
<u>APPL</u>	ICANT CERTIFICATION		
	В		
	A		
5.	 Please list two teachers/counselors we could contact about your qualifications. (Na contact numbers) 		
4.	4. Please provide any brief additional comments you would like to make.		
3.	Please provide any other so	ources of financial assistance.	
2.	Briefly explain why you thir	nk you should be awarded this scholarship.	
1.	Attach a <u>brief</u> biography whexperience.	nich includes extra-curricular activities, hobbies, travel and work	

Robert Forbes 3045 Seal Road Marcellus, NY 13108-9645