

Zachary John Dievendorf Memorial Scholarship Application

The Zachary John Dievendorf Scholarship was established on December 26, 2020 in memory of Zachary John Dievendorf.

The intent of the scholarship is to improve opportunities for CiTi's Criminal Justice/Pre-Law students to attend a college program which leads to an associates or bachelor's degree in Criminal Justice and/or Pre-Law.

In accordance with the guidelines established by Board Resolution, a \$2,000 annual scholarship will be awarded to a worthy and needy CiTi student who meets the criteria of the selection committee. The awarded amount will be paid directly to the recipient's institution of choice.

Eligibility Criteria:

Applicants must have an average of 80% or higher in their CiTi New Visions Program – Specialized Careers (Law) and demonstrate a financial need. The applicant must write an essay explaining their 3 – 5 year goals. The student must be a resident of an Oswego County CiTi component school district and accepted into a Criminal Justice and/or Pre-Law program. Attendance may be on a part-time or full-time basis.

Instructions to the Applicants:

Finalists for the Zachary John Dievendorf Memorial Scholarship will be selected based on the successful completion of the application. Applicants must submit the following by **Friday April 30th, 2021**:

A completed Scholarship Application

A Personal Statement

Two Letters of Recommendation

A Letter of Acceptance from the college of the student's choice, indicating a program of study in

a Criminal Justice and/or Pre-Law Program. Finalists may be required to participate in an interview.

It is the applicant's responsibility to insure that the items requested above are submitted to the CTE Student Services Office or emailed to the <u>Scholarship Committee</u> by: April 30th, 2021.

Zachary John Dievendorf Memorial Scholarship

Name					
Last	First		Middle Initial		
Home Address					
	Street		City	State	Zip Code
Home Number:			Home D	istrict	
Are you working?	Yes No	If Yes, how	many hours per week?	Start Date:	
Father's/ Guardian Nan Occupation:	me		Mother's/ Guardian Na	me	
Name(s) of Brothers &	z Sisters	Age	Occupation	Living at home	e (Y or N)
List any honors or office. List names of school or					
List your hobbies or out	side interests:				
Name of college you ha	ave been accept	ted at and plan o	on attending:		
College Name		Location		Program	
Starting Semester:					

ALL PROVIDED INFORMATION IS KEPT CONFIDENTIAL

	ement indicating what the importance of further education ald include information about your career goals, current al needs.
	oing application are true and correct and that I believe myself r the provisions and conditions stipulated.
Signature of Student	Date
If Under 18 Years of Age, Parent Must	t Sign
This Application Meets My Approval	
Signature of Parent or Guardian	Date

Zachary John Dievendorf Memorial Scholarship Letter of Recommendation

Name of Applicant Reference: Date: The following recommendation of the applicant is to be used as criteria for the selection of a recipient of the Zacharry John Dievendorf Memorial Scholarship. The contents of this letter are to be reviewed by the CTE Scholarship committee only and are confidential.
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Signature of Applicant Reference

Date

Zachary John Dievendorf Memorial Scholarship Letter of Recommendation

Name of Applicant:
Name of Applicant Reference:
Date:
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Signature of Applicant Reference

Date