Northern New York Community Foundation, Inc. TIMOTHY F. WRIGHT MEMORIAL SCHOLARSHIP

This scholarship was established at the Northern New York Community Foundation in memory of local businessman Timothy F. Wright. Scholarships will be awarded to selected seniors at Carthage High School, Copenhagen Central School and Lowville Academy and Central School who will be majoring in the business field. Awards are for one year to pursue a full-time academic curriculum (*12 credits per semester*). For the 2013-2014 academic year, scholarships of \$1,000 each will be awarded to two seniors at each of the three high schools.

Application Deadline: April 1, 2013

Please return completed application to your school's Guidance Office.

Northern New York Community Foundation, Inc.

TIMOTHY F. WRIGHT MEMORIAL SCHOLARSHIP APPLICATION

High school seniors from Carthage, Copenhagen or Lowville majoring in the business field

Name			
Address	County		
	Telephone		
High School	Graduation Date		
Are you in an early graduation program? Yes N	No		
College Attending in Fall	Expected		
(or applied to)	Graduation Date		
Field of Study	Degree		

On a separate sheet of paper, please write an essay including the following:

- Family history and personal interests
- Your goals in the business field

Request that your high school include an official transcript of your academic record with your application.

Date Requested _____

Name of Parent/Guardian_____

Mailing Address_____

Application Deadline: April 1, 2013 *Make sure to complete all 3 pages*

Personal Data:

Describe your paid work experience during the past 4 years. Indicate dates of employment for each job, approximate number of hours worked each week and whether it was a summer job or during school. List total amounts earned at each job.

Position	Date From (month/yr)	Date To (month/yr)	Hours/Week	Summer job or during school	Amount Earned
If unable to work, give explanation	o n .				
List all school activities in which List all community activities in work, volunteer work). Note spec	which you have part	ticipated without			
Activity	No. of `	Years	Special Av	vards, Honors, Offi	ces Held
If unable to participate, state reas	sons.				
Please explain any unusual h					
ship committee to take into co					
ship committee to take into co	ertify that the inform	mation provided	s complete and ac		

If necessary, use a separate sheet of paper to complete any of the above.

Northern New York Community Foundation, Inc.

TIMOTHY F. WRIGHT MEMORIAL SCHOLARSHIP

SCHOLARSHIP APPLICANT APPRAISAL

To be completed by a high school counselor, advisor or instructor.

You have been asked to provide information in support of a scholarship application for

Name of Applicant:

Please return this form to your school's Guidance Office by April 1, 2013.

ASSESSMENT

	n		n				
The applicant's choice of a post secondary education program is	Extremely appropriate	Very appropriate	Moderately appropriate	Inappropriate			
The applicant's achievements reflect his/her ability	Extremely well	Very well	Moderately well	Not well			
The applicant's ability to set realistic and attainable goals is	Excellent	Good	Fair	Poor			
The quality of the applicant's commitment to school & community	Excellent	Good	Fair	Poor			
The applicant is able to seek, find and use learning resources	Extremely	Very well	Moderately well	Not well			
The applicant demonstrates curiosity and initiative	Extremely well	Very well	Moderately well	Not well			
The applicant demonstrates good problem-solving skills, follows through and completes tasks.	Extremely well	Very well	Moderately well	Not well			
The applicant's respect for self and others is	Excellent	Good	Fair	Poor			
COMMENTS Use back side of sheet if more space is needed.							

Appraiser's Signature and Title _____

School/Organization_____ Telephone _____