



**HVOEC Scholarship Application**

Please type or print all information except for signature. Attach sheets for additional information if needed.

**Application Data**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Social Security Number \_\_\_\_\_

Social Security # mandatory only upon notification of successful applicant

**Employee Parent or Guardian Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
 Job Title \_\_\_\_\_ Department \_\_\_\_\_ Length of Service \_\_\_\_\_  
 HVOEC Member Company \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Relationship \_\_\_\_\_ The Applicant is a dependent of the employee?  Yes  No  
 Number of children attending college this year including applicant \_\_\_\_\_

**High School Data**

School Name \_\_\_\_\_ Graduation Date: Month \_\_\_\_\_ Year \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_

**Post Secondary School Data**

Name of post-secondary school you plan to attend. If unknown, please list in order of preference the schools to which you have applied. Use official school names.  
 School Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 School Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Type of School:  4 Yr. College or University  2 Yr. Community or Junior College  
 Vocational-Technical  Other, explain: \_\_\_\_\_  
 Major Course of Study \_\_\_\_\_ Anticipated Graduation Date: Month \_\_\_\_\_ Year \_\_\_\_\_  
 Student will:  Live on Campus  Live off Campus  Commute from Home  
 If school is a public institution, applicant will pay:  In-state resident tuition  Out-of-state tuition

**Student's Financial Information**

FINANCIAL AID:		ESTIMATED STUDENT'S COSTS:	
College Work-Study Program	\$ _____	Tuition & Fees	\$ _____
Other Campus Employment	\$ _____	Room & Board	\$ _____
Scholarships, Grants & Fellowships	\$ _____	Books & Supplies	\$ _____
NYSHESC (Tuition Assistance)	\$ _____	Personal Expenses	\$ _____
Funds from Other Sources	\$ _____	Transportation	\$ _____
<b>TOTAL FINANCIAL AID:</b>	<b>\$ _____</b>	<b>TOTAL ESTIMATED COST:</b>	<b>\$ _____</b>

**Work Experience**

Describe your work experience during the past four years. Indicate the dates of employment in each job and approximate number of hours worked each week. List amounts earned at each job.

Company/Position	From: MO/YR	To: MO/YR	Hours Per Week	Monthly Income

**Activities, Awards & Honors**

List all school activities in which you have participated during the past four years (Ex: student government, music, sports, etc.) List all community activities in which you have participated, without pay, during the past four years (example: Boy/Girl Scouts, Hospital Volunteer, Special Olympics, etc.) Indicate all special awards, honors and offices held.

Activity	Number of Years Participating	Special Awards/Honors	Offices Held

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### Goals & Aspirations

Make a statement of your plans as they relate to your educational and career objectives and future goals: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Unusual Circumstances

Please make any comments or indicate any circumstances you would like to bring to the attention of the Scholarship Committee. \_\_\_\_\_  
\_\_\_\_\_

### Teacher/ Counselor/ Supervisor Evaluation

As his or her Guidance Counselor or Faculty Advisor, we would be grateful for any remarks you would care to make relative to the applicant's general attitude and citizenship. Of course, your comments will be considered strictly confidential and may be of material assistance in the furtherance of the applicant's continuing education. You may attach additional pages if you wish.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You have been asked to provide information in support of this application. Please give immediate attention to the following statements. When complete, please return to applicant; or, photocopy this section and return to applicant in a sealed envelope.

Name of School \_\_\_\_\_  
Address \_\_\_\_\_  
Evaluator's Name \_\_\_\_\_ Title \_\_\_\_\_  
Signature \_\_\_\_\_

### Transcript Information

Applicant must include a high school transcript of grades and have this section completed by the appropriate school official.

Applicant Ranks \_\_\_\_\_ in a class of \_\_\_\_\_ Cumulative Grade Point Average \_\_\_\_\_ /4.0  
PSAT Verbal \_\_\_\_\_ Math \_\_\_\_\_ SAT Verbal \_\_\_\_\_ Math \_\_\_\_\_ ACT Verbal \_\_\_\_\_  
School Official's Signature \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_  
School Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### Application Checklist

This application for a scholarship becomes complete and valid only when you have returned all the following materials:

- Student Application
- Current Transcript(s) of Grades to:

The student is responsible for submitting all materials on time.  
**Application Must Be Received by  
May 20th, 2022**

### Selection of Recipients

HVOEC Scholarship Committee has the sole responsibility for selecting recipients, basing the decision on criteria as set forth in this Program's Brochure and Application. Decisions of Committee are final.

### Certification

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. If requested, I agree to supply proof of information I have given in this form. Falsification of information may result in termination of any scholarship granted. This application becomes the property of HVOEC.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Employee's Signature (if different) \_\_\_\_\_ Date \_\_\_\_\_  
HVOEC Company Employer's Signature \_\_\_\_\_ Date \_\_\_\_\_