

2020 ~ SCHOLARSHIP APPLICATION

1. DEADLINE for scholarship application is Friday, May 29, 2020. Extended to June 26, 2020.



2. If you have any questions about the application, please call 518-546-3381 or email contactus@mountainlakeservices.org

Purpose: To provide scholarships to TEN (10) deserving high school graduating seniors throughout Essex County, New York, intending to pursue post-high school course of study at college / university or other post-secondary educational institution in the field of Human Services.

Award Amount: Ten scholarships, denominations of \$250.00.

Criteria:

- 1. Applicant must be a graduating high school senior in the year of the award.
- 2. Applicant must be enrolling in a post-high school course of study at college / university or other post-secondary educational institution in the field of Human Services.

OR

 Applicant must be a graduating senior who has an IEP and enrolling in post-high school course of study at college / university or other post-secondary educational institution in any field of study.

Application Process:

Applicant must submit the following items:

- 1. Completed application form (if handwritten, please print legibly).
- 2. Letter of interest addressed to the Scholarship Committee. The letter should contain a brief explanation of career and collegiate goals.
- 3. One (1) letter of recommendation from choice of high school teachers, administrators, counselors, employers, or individuals with significant knowledge of applicant's qualifications who can provide significant detail about why you should

be considered for this scholarship. If student has an IEP, the letter of recommendation must be from the CSE chair of their district.

The letter must be signed and dated and provide contact information for the person providing the recommendation.

- 4. An official and recent high school transcript with cumulative grade point average and a class standing / rank.
- 5. Essay, 1 to 2 pages, addressed to the Scholarship Selection Committee, on what you believe are the needs of people with disabilities living in the community.

Deadline: Completed applications must be postmarked no later than **June 26, 2020** to:

Mountain Lake Services Foundation Attn: Elizabeth Rutkowski 10 St. Patrick's Place Port Henry, NY 12974

Or email: contactus@mountainlakeservices.org

The Foundation Scholarship Committee will review the applications and notification of scholarship recipients will be made to the successful candidate's school guidance counselor.

Mountain Lake Services Foundation Scholarship Application 2020

Please type or print your answers. If application is illegible, it will not be considered.				
Last Name:	First Name:			
Mailing Address:	Street:			
	Town:	State:	Zip:	
Telephone Number:			·	
Name & address of parent(s) or legal guardian(s): Use reverse side of application if you need more space.				
Name(s):				
Street:	Town:		_State:Zip:	
Home phone of parents or legal guardian(s):				
Date of Birth: Month D	ay Year			
Current High School:			Number of years attended:	
Diploma Type: ☐ Regents ☐ Local ☐ Local with IEP				
I will be attending the following school in the Summer/Fall 2020:				
Proof of acceptance or current student enrollment from the above school is required prior to receipt of funds.				
Grade Point Average (GPA):(On a 4.0 scale) Attach proof of GPA. Your most recent official school transcript required.				
What specialty / major do you plan to major in as you continue your education?				
What are your educational and professional goals and objectives?				

High school activities and special interests:	
List your community service activities, part-time jobs	s, hobbies, outside interests, and extracurricular
activities:	
Write a brief statement why you feel you should be	awarded this scholarship.
Statement of Accuracy	
I hereby affirm that all the above stated informatimy knowledge. I also consent that my picture mecessary to promote the scholarship program.	ion provided by me is true and correct to the best of ay be taken and used for any purpose deemed
Signature of scholarship applicant:	Date: