

**A Hope 4 Lyme Scholarship
Non-Traditional Application**

Completed application must be post-marked by **February 16, 2012.**

Name _____
Last First MI

Address _____
Street City Zip code

County _____ E-Mail Address: _____

Telephone: Home _____ Work _____

List any additional education completed - list school and dates:

List total credits or diploma earned: _____

If you are currently attending a college, university, technical school, or nursing school please list the following:

Name of educational institution _____

Anticipated graduation date _____

Where do you plan to attend in the fall? _____

How many credit hours do you anticipate taking? _____

What is your enrollment status? Accepted _____ Pending _____ Enrolled _____
Full time _____ Part time _____

What do you plan to study?

State your career and vocational goals upon completion of your degree.

Please list all sources of income. Be sure to include any gross investment income, disability, social security income, etc. Please attach your most recent Federal Income Tax Return.

Please indicate any unusual family or personal circumstances you feel may warrant the committee's attention: _____

Have you been diagnosed or treated for Lyme Disease? _____
Have you been affected by Lyme thru the illness of an immediate family member? _____

Attachments

Essay

On a separate sheet of paper write a brief essay that would best describe your experience with Lyme Disease or your desire to pursue a career in the medical field. **Please submit in typewritten, double spaced format.**

Community Service

On a separate sheet of paper please document all community service hours performed in the last 12 months. Include: Name of Organization, Hours of Service Performed, and Service Performed.

Reference

Please provide the Foundation with a single reference from someone familiar with your goals and attributes. Avoid reference letters that are too vague, generic, or written for a purpose other than securing a Community Foundation scholarship.

Certification

I hereby affirm, under penalty of loss of any award I may receive, that the information on this form is true and complete to the best of my knowledge. I am aware of the conditions under which the awards are made and promise to inform the Community Foundation of Elmira-Corning and the Finger Lakes, Inc. of any change in circumstances of any additional aid received.

Applicant's Signature

If you have any questions, please contact Nancy Van Fleet at nvf@communityfund.org or 607-739-3900.

Please return completed applications to:

The Community Foundation
301 S. Main St.
Horseheads, NY 14845