

Daniel A. Driscoll Scholarship

The Daniel A. Driscoll Scholarship is awarded to an individual who has a passion for photography and plans to take a photography class in college. This is a \$1,000 award given to a high school senior or college/trade school student.

The candidate must meet the following criteria:

- Must be a Chemung County resident
- Must have a passion for photography

Eligibility Requirements

Return the following to the Foundation's office by **February 16, 2012**.

- A completed application form
- It is important that you answer ALL the appropriate questions*
- A typed essay stating why you want to study photography
 - A reference letter
 - A transcript that includes GPA and SAT scores

Please return all requested information to ensure a complete process of the application to:

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

If you have any questions, please contact the Foundation office at 739-3900 or nvf@communityfund.org. Application forms may be reproduced.

Please attach a separate sheet listing the following information by year (if applicable):

- Participation in varsity, junior varsity and/or community teams
 - Memberships and participation in school organizations and activities
 - Leadership roles/elected offices
 - Awards received
 - Volunteer experience
 - Membership and participation in community organizations
 - Employment experience
- Include the approximate number of hours per week or month spent participating in each activity.

Please indicate any unusual family or personal circumstances you feel warrant attention:

ESSAY

Write a brief essay about your desire to study photography. **Please submit in typewritten, double space format.**

TRANSCRIPT

Please attach a copy of your transcript that includes class rank, GPA, and SAT or ACT scores.

REFERENCE

Please provide the Foundation with a reference from someone who worked with you or who is familiar with your contribution. A brief paragraph is all that is needed. Your reference can be attached to your application or sent independently. If it is sent independently, please include the applicant's full name so that it can be attached to the appropriate application.

I hereby affirm 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. changes in circumstances of any additional aid received. I hereby authorize the Community Foundation of Elmira-Corning and the Finger Lakes, Inc. to share this information with members of the Scholarship Committee.

CERTIFICATION

Applicant's Signature

Parent or Guardian's Signature

Date _____

Date _____

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

Please return to: Community Foundation
301 S. Main St.
Horseheads, NY 14845