

**Children's Enrichment Committee  
of  
Orange County, New York**

**Emily Akers Scholarship Application Form**

*Please check the scholarship for which you are applying. We ask that you fill out this application carefully and completely. Failure to do so may prevent our selecting you as a winner. Proof of income may be required as extreme financial need is of foremost consideration.*

\_\_\_\_\_ Academic College      \_\_\_\_\_ Vocational Training

Name of Applicant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

Name of caseworker or foster parent, if applicable: \_\_\_\_\_ Phone: \_\_\_\_\_  
*(Please indicate whether caseworker or foster parent.)*

Mother's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Gross Annual Income: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Gross Annual Income: \_\_\_\_\_

Other Income Sources for household (amounts): SS Disability \_\_\_\_\_ Child Support \_\_\_\_\_

Please check: Food Stamps \_\_\_ Rent Subsidy \_\_\_ Medicaid \_\_\_ Other? \_\_\_\_\_

**Current Members of Household (Please use other side of this page if more space is needed.)**

<u>Name</u>	<u>Age</u>	<u>Grade or Year in College</u>	<u>Employment</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

How many family members (other than you) will be attending college next year? \_\_\_\_\_

**Applicant's Interests and Activities (Attach separate sheet if needed, including year.)**

School: \_\_\_\_\_

Community: \_\_\_\_\_

Other: \_\_\_\_\_

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### Applicant's Work History/Experience Related to Career Goals

Employer	Date	Job Description
_____	_____	_____
_____	_____	_____
_____	_____	_____

**College or Vocational School where you have been accepted and plan to enroll:**

\_\_\_\_\_

### Educational Financial Information

Estimate your expenses for your first year of college or vocational school: \_\_\_\_\_

How much have you been able to save toward college expenses? \_\_\_\_\_

Other Scholarships or Grants applied for or received (organizations and amounts):

\_\_\_\_\_

Amount of financial support you expect from:

Parent(s) \_\_\_\_\_ Self \_\_\_\_\_ Others sources \_\_\_\_\_

**Essay** - On a separate sheet of paper:

***Describe your educational and/or vocational goals and how this scholarship will help you achieve them. (Please include an explanation of your FINANCIAL NEED.)*** (approximately 150 words)

**Please provide an official transcript of your high school record, including SAT or ACT scores and class rank.**

*Scholarships will be awarded on the basis of: 1)Extreme Financial Need, 2)academic achievement, including GPA, as reflected on an official transcript, 3)extra-curricular activities, community service, and work-history (which may include family responsibilities), and 4)evaluation of essay.*

***Applications and other requested information must be postmarked no later than April 15<sup>TH</sup> and returned to:***

**Patricia N. Kind, Scholarship Chairperson  
Children's Enrichment Committee  
8 Little Collabar Rd.  
Montgomery, N.Y. 12549**