

HUDSON VALLEY SCHOOL FOOD SERVICE ASSOCIATION
ELVALEE WOODSIDE MEMORIAL SCHOLARSHIP

NAME _____ DATE _____

ADDRESS _____ CITY _____ ZIP _____

TELEPHONE _____ BIRTHDATE _____ GRAD.YEAR _____

SCHOOL DISTRICT _____ SCHOOL _____

GUIDANCE COUNSELOR _____ TELEPHONE _____

To Applicants: This \$1000.00 scholarship shall be awarded to a graduating senior planning to attend an institution of higher education. This may be a 2 or 4 year college, technical school or a 1 year program (not BOCES), with the expressed intent of preparing for a career in the food industry. This may include food preparation, hotel management, school food service, institutional food service or dietetics, etc.

Criteria: Selection shall be made on the basis of motivation, good character and financial need. Although high academic achievement shall not be the primary criteria, a reasonable expectation of success of the student at the college level shall be part of the consideration. **Attach a copy of your transcript. Attach two non-family references.** These references give the selection committee a larger sense of your commitment to a career in Food Service. This application will be considered VOID if not completed in its entirety.

Selection: One individual will be chosen to receive this scholarship. The scholarship will be awarded during the month of May.

Date of Graduation _____ Class Rank _____ Out of _____

Cum. Grade Point Average _____

Class Offices Held: _____

School Activities in Which You Have Participated: _____

Food Service Related: _____

Community Service: _____

Work Experience: _____

Other: _____

Name & Address of College Accepted At: _____

Date Accepted: _____

Have you received other scholarships or financial assistance?

If your answer is "Yes", list the source(s) and amount(s) _____

Please describe your future career goals: _____

From What Other Sources Do You Expect To Receive Financial Assistance?

Father's (Or Guardian) Name _____

Address _____

Occupation and Place of Employment _____

Address _____

Mother's (Or Guardian) Name _____

Address _____

Occupation and Place of Employment _____

Address _____

Others in Household:

<u>Name</u>	<u>Relationship</u>	<u>Age</u>	<u>Grade Level or College Year</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do other brother(s) or sister(s) in college or post secondary institutions receive financial assistance from sources other than your parents? _____
If "yes" state the sources and amounts of each.

<u>Name</u>	<u>Source of Financial Assistance</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Family Income: (Check One)

	<u>SOURCE OF INCOME</u>		
	<u>Mother</u>	<u>Father</u>	<u>Wages, Soc. Sec., etc.</u>
Under \$20,000 per year	_____	_____	_____
\$20,000 - \$40,000	_____	_____	_____
\$40,000 - \$60,000	_____	_____	_____
\$60,000 - \$80,000	_____	_____	_____
\$80,000 - Above	_____	_____	_____

Signature of Parent or Guardian

References: Please attach at least 2 references. Do not include your immediate family).

Guidance Counselor's Signature

Applicant's Signature

APPLICANT: Please be sure to complete all sections of this application and return to your Guidance Counselor by Friday May 3, 2019. Use additional pages if you wish to tell the committee more about yourself and your goals.

