

The Kathleen A. **Clements** SCHOLARSHIP



Kathleen A. Clements - For 18 years, from 1991 through 2008, Kay Clements, former School and Business Alliance Director, dedicated herself to two concepts: showing students they could go further than they originally thought they could and showing us that school and business partnerships are the most effective way to ensure the Mohawk Valley has a talented pool of qualified professionals. This scholarship is dedicated to her memory.

SCHOLARSHIP CRITERIA

This scholarship of \$500 is open to high school seniors who are pursuing a degree or certificate at a recognized post-secondary institution or through an apprenticeship. The student chosen to receive the scholarship will be a conscientious and deserving individual who is hardworking and shows a desire to succeed while being of help to others.

Applicants should submit a resumé and short essay along with the completed application to demonstrate the following:

Show proof of your participation in multiple career exploration activities provided by the OHM BOCES School and Business Alliance program and other School to Career programs. Please relate how they impacted your high school, post-secondary and career paths.

Demonstrate a commitment to learning (good attendance, hardworking). While grades are important, they are not the main criteria.

Include two letters of recommendations from a teacher, school counselor, school official or community leader.

Demonstrate an ongoing desire to be of help to the community. Provide examples of what you have done and are continuing to do to help others.

Include information on your plans to pursue a certificate or degree through a recognized post-secondary financial institution or through an apprenticeship.



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SCHOOL TO CAREER PROGRAMS
School and Business Alliance

The Kathleen A. Clements Scholarship Application

Applications are for students who participated in a *School to Careers Program*. School to Careers Program includes Regional Program for Excellence and or School and Business Alliance (SABA). Applications may not be considered if required information is incomplete.

Name: _____ Phone: _____

Street Address: _____ City: _____ Zip Code: _____

School District: _____ Graduation Date: _____ Phone: _____

School Counselor: _____ Phone: _____

Date of Birth: _____ Grade Average: _____

Name of College, Apprenticeship, Certificate or Degree Program: _____
Phone: _____

Date Attending: _____ Area of Study: _____

The following documents should be attached to this application:

1. **Resume** - Include if you had experience with internships, work experience or career shadows that helped you plan for your future.
2. **Essay** should -
 - Describe your experience with School to Career Program activities (shadow, internship, SABA Breakfast, etc.).
 - Describe your commitment to learning.
 - Demonstrate an ongoing commitment to be of help to your community.
3. **Two Letters of Recommendation**
4. **High School Transcript**

Application packets must be received no later than Friday, April 18, 2025.

Applications can be mailed to the address below, or to Shannon Vescera at svescera@oneida-boces.org.

School and Business Alliance
O-H-M BOCES
4747 Middle Settlement Road
New Hartford, NY 13413

All applications will be reviewed by an independent panel of judges, including SABA, Collegiate and Business representatives. The recipient of the Scholarship will be notified by May 1st. The Scholarship will be awarded on **May 23, 2025** at the SABA Board Meeting.

Statement: All of the information on this application is true and complete to the best of my knowledge. I hereby give permission to the O-H-M BOCES Kathleen A. Clements Scholarship Committee to verify such information or obtain further information that may be necessary for scholarship eligibility. I understand that the decision of the Scholarship Committee is final and if awarded, I am responsible for retrieval of the award and grant permission to The School and Business Alliance to take and publish photographs of me. I attest that I have personally completed the application.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____