

SHOEMAKER MEMORIAL FOUNDATION SCHOLARSHIPS

GENERAL INFORMATION FOR NEW CANDIDATES AND CURRENT RECIPIENTS

Purpose

The Shoemaker Memorial Foundation scholarships were established to enable recipients to continue their education in whatever field and at whatever school, college, university or other institution of learning they may choose.

Eligibility

Candidates must be attending as students or graduates of the following component school districts of the Board of Cooperative Educational Services, Sole Supervisory District of Oneida, Herkimer and Madison Counties: Brookfield, Clinton, Holland Patent, New Hartford, New York Mills, Oriskany, Remsen, Sauquoit, Utica, Waterville, Westmoreland and Whitesboro.

Basis of Award

The selection of recipients shall be determined by the Directors of the Shoemaker Memorial Foundation **based primarily upon the financial need of worthy and deserving eligible applicants.**

Benefits

The minimum amount of a scholarship is \$500 annually. The maximum amount of a scholarship is determined by the Directors after considering the number of scholarships to be awarded, the funds available, the financial need of the applicant and other pertinent factors. Scholarships will be awarded annually. The number of years a scholarship may be awarded to the same person will be determined by the Directors based upon the recipient's satisfactory progress in his or her specified program and continued financial need.

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Rules Governing the Scholarship

The scholarship is announced after the applicant has been accepted by a school, a college, university or other institution of learning. Recipients will be notified by mail May 15, 2025 that they have been awarded a scholarship. They must file an acceptance within 15 days of the date of the notification letter.

Current recipients of a scholarship wishing to apply for the scholarship for the succeeding year must submit a letter of request to Lori A. Wrobel, Cooperative Board Clerk, Box 70, 4747 Middle Settlement Road, New Hartford, New York, 13413, by April 18, 2025. The same notification and acceptance procedure as outlined above will be followed.

The annual payment will be made in two installments; the first in October after the recipient has been enrolled and has been in attendance, the second in February.

If a student discontinues full-time attendance prior to the completion of a year, he or she must immediately notify the Foundation. After review, the scholarship is terminated.

**SHOEMAKER MEMORIAL FOUNDATION
C/O ONEIDA BOCES
BOX 70, 4747 MIDDLE SETTLEMENT ROAD
NEW HARTFORD, NEW YORK 13413
TELEPHONE: 315-793-8558
APPLICATION FOR SCHOLARSHIP FOR NEW CANDIDATES
2025-2026**

Name: Mr. _____
Miss _____
Mrs. (Last) (First) (Middle)

Birth: Month _____ Day _____ Year _____ Age _____

Father's (guardian's) Name: _____

Father's Occupation: _____

Mother's Occupation: _____

Educational Background

Name of High School: _____

Name of High School Principal: _____

Name of Guidance Counselor: _____

If you are now attending college, name of college: _____

Name of College Advisor: _____

Health

Are you in good health? _____

Email address: _____

Present Address: _____

Telephone Number: _____

Permanent Address: _____

Telephone Number: _____

Number of Brothers: _____ Ages: _____

Number of Sisters: _____ Ages: _____

Number of Brothers/Sisters in Post Secondary Programs: _____

Highest Year Completed by Each: _____

Highest Grade You Completed: _____

Year of Graduation: _____ Major Subjects: _____

Post High School Interests

➤ What is your major field of academic or vocational interest? _____

➤ What makes this field more interesting to you than others? _____

➤ *Name and address of college, university, school or institute of higher learning you hope to attend:

➤ *College, university, school or institute of higher learning applied to:

➤ *Have you been accepted by any of the above? _____

➤ If so, which ones? _____

* *If you are presently attending college, it is not necessary to answer these questions.*

High School Interests and Achievements

➤ What are (or were) your school interests, extra-curricular activities, and achievements? (class office, student council, athletics, etc.)

➤ What are your hobbies or interests?

➤ **Work Experience** (Please list latest employment first.)

Name and Address of Employer	Position or Type of Work	Dates Employed	Name of Immediate Supervisor
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Financial Assistance

➤ List name and amount of any scholarships granted you:

➤ How do you plan to pay for your expenses not covered by a scholarship? (Estimate amounts.)

Money furnished by family \$_____ Earnings during summer \$_____

Earnings during school year \$_____

➤ In addition to the above, how much money do you need for 2025-2026 to attend a college, university, school or institute of higher learning? \$_____

➤ How much do you anticipate the following to be for 2025-2026?

Tuition \$_____ Room and Board (if applicable) \$_____

➤ What other information about yourself would you like the Shoemaker Memorial Foundation to have as your application is considered?

➤ **Applicant's Signature:** I hereby apply for a Shoemaker Memorial Foundation Scholarship to begin _____(date). I agree to notify you promptly if I wish to withdraw this application or I am unable to further my education as planned.

(Signature)

(Address)

(Date)

➤ **Parental Approval:** I, the parent or guardian, have read the information about the Shoemaker Memorial Foundation Scholarship furnished to my child and approve this application.

(Signature)

(Address)

(Date)