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.)

Name	Age	Grade or Year in College	Employment
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 _____ Other sources _____

Essay - On a separate sheet of paper: (approximately 150 words)

Describe your educational and/or vocational goals and how this scholarship will help you achieve them. (Please include an explanation of your FINANCIAL NEED and any other factors you would like us to consider.)

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 15TH and returned to:

Ruth Dean, Scholarship Chairperson
Children's Enrichment Committee
265 Derby Road
Middletown, N.Y. 10940