

NORTHERN NEW YORK COMMUNITY FOUNDATION, INC.

131 Washington Street * Watertown, NY 13601

(315) 782-7110

web: www.nnycf.org * email: maryp@nnycf.org

2018 Donald and Bernice Gardner Memorial Scholarship

Students in grades 7-12 attending Immaculate Heart Central Schools

Qualifications

- Applicants must be a student of Immaculate Heart Central School system, grades 7-12.
- Preference will be given to students who are active in their faith community.

Selection Criteria

Recipients of the **Donald and Bernice Gardner Memorial Scholarship** are chosen based on financial need and demonstrated involvement in their given faith. Students do not have to be Catholic to be considered for the scholarship – students of any denomination may apply.

Instructions

Read all materials completely so you understand what is available, the criteria, and what is expected of you.

Materials must be submitted as a complete packet in order to be considered for a scholarship.

Packets must be received by May 1, 2018 – packets postmarked after May 1st will not be considered.

Packets MUST include the following items:

_____ Application – *please do not forget to sign your application*

_____ Letter of recommendation from your faith leader

Scholarship

Recipients of the **Donald and Bernice Gardner Memorial Scholarship** will receive a one-year, \$1,000 scholarship, toward tuition at Immaculate Heart Central.

18

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19

The Donald and Bernice Gardner Memorial Scholarship

Students in grades 7-12 attending Immaculate Heart Central Schools

Name _____

Address _____ County _____

_____ Phone (home) _____

E-mail _____ Phone (cell) _____

High School Graduation Date _____ Gender (check one) M or F

How did you learn about our scholarship program? _____

Where is your place of worship? (*church, temple, synagogue, community center etc.*)

How long have you attended the above place of worship? _____

Why have you chosen to attend Immaculate Heart Central School?

Please discuss your involvement in your place of worship below. Give specifics about your involvement and how it relates to your faith – you may also include involvement in your community.

Please explain any unusual hardships, special family, or personal circumstances you would like the scholarship committee to take into consideration when reviewing your application.

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in termination of any scholarship granted.

Applicant's Signature _____ Date _____

Parent and or Guardian Signature _____ Date _____

**Application, along with a recommendation from your faith leader,
is due to the Northern New York Community Foundation by May 1, 2018.**

Mail to: N.N.Y.C.F., 131 Washington Street, Watertown, NY 13601