

Thousand Islands Foundation

PO Box 100, Clayton, New York 13624

An affiliate of the Northern New York Community Foundation

www.thousandislandsfoundation.org



The Thousand Islands Foundation exists to generate and distribute resources to create, enrich, and expand scholarship opportunities to maximize success for Thousand Islands area students and graduates.

THOUSAND ISLANDS FOUNDATION SCHOLARSHIPS

Mike Brennan
Chair
Michael Bashaw
Vice Chair
Megan Kendall
Secretary

Christopher Clapper
George Forbes
Travis Hoover
Cheryl Howard
Cammy Morrison
John Slattery
Heidi Smith

ELIGIBILITY

Thousand Islands area high school graduates from Alexandria Bay, LaFargeville, Lyme, and TI Central are eligible for assistance for educational opportunities beyond high school. A student must have attended a Thousand Islands area high school for at least one year. He/she must be accepted at an institution of higher education at the time of application. All scholarships will be for one year.

APPLICATION PROCEDURES

Secure an application from the School Counselor Office of Thousand Islands, Alexandria Bay, LaFargeville, or Lyme high school or download the application from the Thousand Islands Foundation website,

www.thousandislandsfoundation.org

1. Complete the application and return it to the Clayton address at the top of this page.
2. Provide your educational costs and your means to cover these costs for the coming year.
3. Provide a copy of your letter or documents of acceptance from the indicated institution of higher education.
4. Provide transcripts of your high school and any applicable college grades.
5. If any requested material is not included, the application is considered incomplete and will not be considered.

DEADLINE FOR SUBMISSION OF APPLICATIONS

Application must be completed and received no later than **5 p.m.** on Friday, May 10, 2019 at the Thousand Islands Central School District Office. There are no exceptions.

AMOUNT OF GRANTS AND AWARDING

A determination of the amount of any grant shall be made by the Foundation based on available Foundation funds. Recipients will be notified at graduation. Scholarships will be paid to the students at the beginning of the second semester based on successful completion of the first semester as a full time student (completing 12 hours of college credit). Students will be required to provide the Foundation with a copy of their first semester grades before issuance of a check. The student will need at least a 2.0 average on a 4.0 scale for the first semester. The check will be sent to the student at the applicant's original address unless otherwise directed.

APPLICATION MUST BE RECEIVED BY FRIDAY, MAY 10, 2019



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Full Time Freshman Scholarship Application

(For High School Seniors)

Name _____

Address _____

_____ Telephone _____

Email _____

High School _____ Graduation Date _____

Are you in an early graduation program? Yes _____ No _____

College Attending in Fall _____ Major _____

Expected Graduation Date _____ Degree _____

On a separate sheet of paper please write an essay (typed or computer form) answering both questions in a minimum of 150 words, maximum of 200 words (worth 10 points, with a 2 point bonus for unusual thoughtfulness and creativity):

- Why should the Thousand Islands Foundation invest in your future?
- How will your education help you contribute to the community where you choose to live?

Request the high school from which you will graduate to send an official transcript of your academic record to the Thousand Islands Foundation by Friday, May 10, 2019. Date Requested _____

Family Members at home or in college (to include mother, fathers, step-parents, guardians, brothers, sisters)

Name	Address	Occupation/ Employer	Attending College (Name) at same time as you
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

APPLICATION MUST BE RECEIVED BY Friday, May 10, 2019
Please be sure to read the "HAVE YOU" page included in this packet.

Name _____

Describe your work experience during the **past 4 years**. Indicate dates of employment in each job and approximate number of hours worked each week. List total amounts earned at each job. **Employment experience worth 3 points.**

Position	Date From	Date To	Hours Week	Amount Earned
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If unable to work give explanation.

List all school activities in which you have participated during the **past 4 years** (e.g. student government, music, sports, etc.). List all community activities in which you have participated without pay during the **past 4 years** (e.g. Red Cross, church work, volunteer work). Indicate all special awards, honors. **School & community activities worth 7 points.**

Activity	No. of Years	Special Awards, Honors, Community Activities
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If unable to participate state reasons.

Please report any unusual family or personal circumstances you feel warrant attention (use additional pages if needed).

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.

All applicants agree by signing this application that their name and their image can be used by the Thousand Islands Foundation and the Northern New York Community Foundation, and their successors, to advertise and promote the said Foundations in any and all forms.

Applicant's Signature _____ Date _____

If necessary use separate sheet of paper to complete any of above.



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Name of Applicant _____

Educational Costs and Your Means to Cover These Costs

Expected annual cost of attending college:

Tuition	\$ _____
Room and Board	\$ _____
Fees	\$ _____
Miscellaneous (books, travel, etc.)	\$ _____
Total	\$ _____

Scholarships and Grants Awarded

Scholarships	_____
Tuition Assistance Program	_____
Pell Grant	_____
Work Study Grant	_____

TOTAL	_____



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The Clayton Volunteer Fire Department awards a Scholarship Annually.

(IF YOU ARE NOT ELIGIBLE, DO NOT RETURN THIS SHEET)

The Candidate for this Scholarship

1. Must be an ACTIVE member of the Clayton Volunteer Fire Department, or son, daughter, grandchild, or spouse of an ACTIVE member.
2. Complete section below and include with your scholarship.

Please complete section:

Do you wish to apply for Clayton Fire Department Scholarship?

Yes _____ No _____

Name of Active member related to: _____

Relationship: _____



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The Grindstone Island Research and Heritage Center offers two distinctive scholarships with different criteria.

The Traditional “Heritage Scholarship”

1. Candidates must be a direct linear descendent of a full time resident (past or present) of Grindstone Island.
2. Candidates must live within a 35-mile radius of Grindstone Island.
3. Candidates may attend a school outside of the Thousand Islands area.

The “Mary Lou Nunn Rusho Memorial Scholarship”

1. Candidates must be a direct linear descendent of a full time resident (past or present) of Grindstone Island OR the direct linear descendent of a multi-generational summer family.
2. Candidates are NOT required to live within a 35-mile radius of Grindstone Island.
3. Candidates may attend a school outside of the Thousand Islands area.

Do you wish to apply for a (check one)

_____ Heritage Scholarship

_____ Mary Lou Nunn Rusho Scholarship

Name the full time Grindstone Island resident ancestor(s) from whom you are linear descendent or give the name of the multi-generational summer family.

Parent: _____

Date: _____

Grandparent: _____

Date: _____

Great Grandparent: _____

Date: _____

Scholarship winners are requested to attend the annual Grindstone Island Research and Heritage Center picnic to be formally recognized by the Board and Island residents.

INCLUDE THIS FORM WITH YOUR TI FOUNDATION APPLICATION



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APPLICANT APPRAISAL

PLEASE RETURN THIS FORM BY FRIDAY, MAY 10, 2019 TO:

THOUSAND ISLANDS FOUNDATION

PO Box 100, Clayton, NY 13624

To be completed by a high school or college counselor, advisor, instructor, or supervisor.

This appraisal is worth a total of 10 points in scoring for our scholarships.

8 points for the assessment and 2 points for your comments.

You have been asked to provide information in support of a scholarship application for

Name of Applicant _____

ASSESSMENT (8 points)

The applicant's choice of a post Secondary education program is

<input type="checkbox"/> Extremely appropriate	<input type="checkbox"/> Very appropriate	<input type="checkbox"/> Moderately appropriate	<input type="checkbox"/> Inappropriate
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The applicant's achievements reflect his/her ability

<input type="checkbox"/> Extremely well	<input type="checkbox"/> Very well	<input type="checkbox"/> Moderately well	<input type="checkbox"/> Not well
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The applicant's ability to set realistic and attainable goals

<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
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The quality of the applicant's commitment to school and community

<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
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The applicant is able to seek, find, and use learning resources

<input type="checkbox"/> Extremely well	<input type="checkbox"/> Very well	<input type="checkbox"/> Moderately well	<input type="checkbox"/> Not well
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The applicant demonstrates curiosity and initiative

<input type="checkbox"/> Extremely well	<input type="checkbox"/> Very well	<input type="checkbox"/> Moderately well	<input type="checkbox"/> Not well
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The applicant demonstrates good problem-solving skills, follows through, and completes tasks

<input type="checkbox"/> Extremely well	<input type="checkbox"/> Very well	<input type="checkbox"/> Moderately	<input type="checkbox"/> Not well
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The applicant's respect for self and others

<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
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COMMENTS (2 points) Use backside of sheet if more space is needed.

Appraiser's Signature and Title _____

School/College _____ Telephone Number _____



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HAVE YOU?

- 1. Completed the application form?
- 2. Included your typed essay?
- 3. Included with your application a statement of your educational costs and your means to cover these costs and a copy of your Financial Awards Letter from your college if you have received it?
- 4. Included a copy of your letter of acceptance from the institution of higher education?
- 5. Given the Applicant Appraisal form to someone to complete and return to the Foundation?
- 6. Asked your Guidance Counselor to send an official transcript of your academic record to the Foundation?
- 7. **Delivered or mailed the fully completed application and attached material to the TICSD, PO Box 100, Clayton, NY 13624 to be received no later than Friday, May 10, 2019.**

NOTES: Please submit the materials that you are required to return in the order listed above.

Do NOT put your application in a folder.