

SCHOLARSHIP PROGRAM OF CLINTON COUNTY BAR ASSOCIATION
APPLICATION FORM

(Please Print or Type All Information in Full and Do Not Bind Your Application)

PLEASE NOTE: At the time of your application, you must be a resident of Clinton County for a period of nine (9) months in order for you to be considered for a scholarship. In addition, you must not have reached your 25th birthday before the commencement of the academic year for which this scholarship application is submitted, and you must have been accepted to or be attending an accredited two or four year college or university.

MAIL COMPLETED APPLICATION TO:
Dottie Harvey Memorial Scholarship Committee
Clinton County Bar Association
P.O. Box 823
Plattsburgh, New York 12901

APPLICATIONS MUST BE POSTMARKED BY MARCH 15, 2023.
NO EXCEPTIONS WILL BE MADE.

Date: _____

I. PERSONAL INFORMATION:

Name: _____

Date of Birth: _____ Age: _____

Home Address: _____

Length of time at address: _____ years _____ months

II. FAMILY INFORMATION:

Name of Mother/Guardian: _____

Name of Father/Guardian: _____

Number of Children in Family Under 25 Years of Age: _____

Annual Family Expenses for Other Children Who May be Attending College: _____

Gross Income (before taxes) of Your Parents for Last Year (2022): _____

Mother's/Guardian's Occupation(s): _____

Father's/Guardian's Occupation(s): _____

III. HIGH SCHOOL INFORMATION:

Name of High School:_____

Date of Graduation:_____

Number of Students in Class:_____ Class Rank:_____

Awards and Honors:

Extracurricular Activities:

Any Additional Information You Would Like Considered:

IV. UNIVERSITY OR COLLEGE INFORMATION

Colleges or University You Have Been Accepted to or Are Currently Attending:

Major:

IF ALREADY ATTENDING THE ABOVE SCHOOL, PLEASE ANSWER THE FOLLOWING, ALL OTHERS PROCEED TO COLLEGE EXPENSE SECTION:

Number of Students in Class

 Class Rank:

Awards and Honors:

Extracurricular Activities:

V. COLLEGE EXPENSES

Total Estimated Annual College Costs

Tuition	\$ _____
Room & Board	\$ _____
Fees	\$ _____
Travel Expenses	\$ _____
Books/Supplies	\$ _____

Total \$ _____

Resources for Meeting Anticipated Costs

Student's Earnings	\$ _____
Parent's Contribution	\$ _____
Student's Savings	\$ _____
Grants	\$ _____
Scholarships	\$ _____
Loans	\$ _____

Total \$ _____

Provide Details of any Grants and/or Scholarships:

[illegible]

VI. ESSAY:

ATTACH TO YOUR APPLICATION AN ESSAY DESCRIBING YOURSELF IN NO MORE THAN TWO (2) SINGLE SPACED PAGES.

VII. RECOMMENDATIONS:

ATTACHED TWO (2) LETTERS OF RECOMMENDATIONS

VIII. REQUIRED DOCUMENTS:

PLEASE INCLUDE THE FOLLOWING DOCUMENTS WITH YOUR APPLICATION:

- 1) High School Transcript; and
- 2) College or University Transcript (If applicable) for Each Semester Attended; and
- 3) College Entrance Examination Scores, or the American Testing Program (ACT) Scores, or Scholastic Aptitude Test (SAT) Scores if required by College or University you will be attending in the Fall of 2023

In selecting scholarship recipients, the Scholarship Committee shall consider the following criteria with respect to each applicant; scholarship, citizenship, personality, leadership, perseverance, resourcefulness, patriotist, general worthiness, financial need, extracurricular activities and awards, and all other relevant information. You may be asked to appear for a personal interview by the Scholarship Committee.

Proof of parental income or documentation of the other information contained in this application may be required at the direction of the Scholarship Committee.