



## Alan B. Carr Memorial Scholarship Application

The Cowanesque Valley Class of 1984, together with the family and friends of Alan B. Carr, established this memorial scholarship fund to remember Alan, a son, brother, nephew, cousin, classmate and friend. Alan tragically lost his life in March of 1984 a few months before graduating from high school. Alan was an Eagle Scout and an athlete; he held a love for cars, racing, hunting and the great outdoors. His plans had been to continue his education seeking a degree in electronics technology. More than 30 years later, Alan is remembered and his legacy continues forever through this scholarship.

### Eligibility Criteria:

- Graduating senior from Cowanesque Valley Junior/Senior High School.
- Accepted into an accredited college, university, or technical school with a preference given to students pursuing a career in a technical or vocational field of study.
- Please attach a short, computer-generated essay (200–250 words double spaced) about your short and long term goals. What steps have you taken thus far in achieving the goals and include your biggest accomplishment and why you think it is. How do you spend your free time? Please address your interests and hobbies.
- Attach a copy of your transcript.
- Student must have demonstrated financial need.
- Please provide a list of school based activities (including leadership positions, clubs and athletics) as well as community volunteer activities and the number of months or years.

Please see your guidance office for deadlines.





Alan B. Carr Scholarship Application

**School Based Information:**

Major Field of study in college: \_\_\_\_\_

Name of college, university or technical school you are attending or will attend:  
\_\_\_\_\_

G.P.A. \_\_\_\_\_ SAT Score \_\_\_\_\_ or ACT Score \_\_\_\_\_.

Class Rank \_\_\_\_\_ of \_\_\_\_\_ # students.

**Financial Information:**

Please enter your Expected Family Contribution (EFC) number that can be found on the top of your Student Aid Report (SAR), which is generated after completing your Free Application for Federal Student Aid Form (FAFSA): \_\_\_\_\_. If this number is not available at the time of submitting the application, please provide details as to the status of FAFSA. Please notify your guidance office when the number becomes available.

Number of Dependents in Family \_\_\_\_\_ Number of other siblings in College \_\_\_\_\_  
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I attest that all personal data included within this application is truthful and in no way misleading. All contents have been completed entirely by me (the applicant) to the best of my knowledge.

If I am selected as a recipient of a Community Foundation for the Twin Tiers scholarship, I agree to permit the Foundation to confer with my school to verify my continuing enrollment during the term of my scholarship.

I also agree that my name and photograph can be used in announcements made by the Community Foundation for the Twin Tiers regarding the particular scholarship (s) for which I have been awarded.

I also agree that by signing this I permit my school to give the Community Foundation for the Twin Tiers information regarding my SAT scores, current GPA and class rank.

Awards may be used at any accredited, nonprofit college or university within the United States.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Signature