



## William Anderson Memorial Scholarship

The William Anderson Memorial Fund was established at the Community Foundation for the Twin Tiers (CFTT) in 2023 by William's family and friends. William spent 35 years in education as a teacher and administrator. From 1968-1994, William taught social studies for the Owego-Apalachin Central School District. The purpose is to provide funds for scholarships supporting graduating students from Owego Apalachin Central School District, New York who will be pursuing a two-or four-year degree.

### Eligibility Criteria:

- Graduating senior from Owego Apalachin Central School District.
- Exemplifies strong moral character; demonstrates dedication and a commitment to succeed; and is caring and considerate who shows kindness to others.
- Has a cumulative grade point average of at least eighty percent.
- Has been accepted to a two- or four-year college, university, or technical/vocational school.
- Please submit a letter of recommendation that is confidential and sealed that focuses on how the person making the recommendation has seen you exemplify strong moral character, demonstrate dedication and a commitment to succeed, or be a caring and considerate per who shows others kindness. The letter must be written by someone other than a family member.
- Provide a resume that demonstrates your participation in school, community and/or leadership activities, as well as honors and awards received.
- Include an essay of no more than 400 words talking about a time when you demonstrated kindness and caring toward others, exemplified strong moral character, or showed dedication and a commitment to succeed.

Please contact your guidance office for deadline.



## William Anderson Memorial Scholarship Application

Type or print neatly in black or blue ink. Only complete applications will be considered.

### **Personal Information:**

Last Name		First Name		MI
Street Address			Apt. /Unit Number	
City	State	Zip Code	Home Phone	Cell Phone
Sex: M	F	Date of Birth: ____/____/____	Name of High School	
Graduation		MM/DD/YYYY	Date of	
E-mail Address				

### **Parental Information:**

Father's Last Name		First Name		MI
(If different) Street Address		Apt. /Unit Number		Email Address
City	State	Zip Code	Best Available Phone Number	
Name of Employer			Employed Since	
Mother's Last Name		First Name		MI
(If different) Street Address		Apt. /Unit Number		Email Address
City	State	Zip Code	Best Available Phone Number	
Name of Employer			Employed Since	

### **Employment Information:**

Do you currently have a part-time job? Y    N    If yes: \_\_\_\_\_  
Position

Name of Employer	Employer's Phone Number
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**School Based Information:**

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

Name of the college or university you will attend:

\_\_\_\_\_

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

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

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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