

SOUTHERN TIER MILITARY SUPPORT SCHOLARSHIP APPLICATION

General Instructions to Applicant

- 1 Return a typed or neatly printed application form to the Community Foundation at 120 N. Union St., Olean, NY 14760, by June 1. Applications postmarked after June 1 will not be accepted.
- 2 Attach to this application a copy of your FAFSA showing your Expected Family Contribution (EFC). If your EFC is not available, you may attach a copy of your most recent Federal Income Tax Statement. Without financial documentation, you will not be considered for awards.
- 3 Applicants already in college attach a copy of your official college transcript to this application.

Personal Information							
First Name	Middle Initial		Last Name			Male/Female	
Street Address				Phone _			
City	State	ZIP		Email _			
Spouse Information							
First Name	Middle	Initial	Last Name			Male/Female	
Street Address				Phone _			
City	State	ZIP		Email _			
Education							
High school graduated from					Graduation date		
Prior college you attended					Graduation date		
□ I have been accepted to Jamesto	wn Community C	ollege - Olea	an.				
□ I have applied to Jamestown Con	nmunity College -	Olean but h	ave not yet be	en accept	ted. Explain:		
				Cost of At	ttendance * \$		
Major	Cost of Attendance * \$*Tuition, room, board and mandatory fees Minor						
DD214							
Please attach a copy of your DD	214, Member 4	Сору					
FinancialSummary I. Attach to this application a copattach a copy of your most red				ed Famil	y Contribution. If not a	vailable you can	
II. List any GI Bill benefits you w	ill receive toward	d college c	osts:				
						 	

III. Describe any special circumstances such as medical coaffect your family's ability to pay for college tuition. You	
IV. List scholarships, grants and loans you have applied for amount you will receive.	or and/or have been awarded, indicating funding
Goals	
In 200 words or less, please describe your goals for the futugoals. You may use the space provided or attach your state	
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the above information provided released to the C	the best of my knowledge. I give permission to have all cattaraugus Region Community Foundation. I further disqualify the applicant of any scholarships provided
Signature of Applicant	Date
CATTARAUGUS REGION	120 North Union Street, Olean, NY 14760 Phone: (716) 372-4433 • Fax: (716) 372-7912

