

## SOUTHERN TIER MILITARY SUPPORT SCHOLARSHIP APPLICATION

## **General Instructions to Applicant**

- 1 Return a typed or neatly printed application form to CRCF at 301 N. Union St., Suite 203, 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	Middle Initial		,		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				
Education						
High school graduated from					_ Graduation date	
Prior college you attended					_ Graduation date	
□ I have been accepted to Jamesto	own Community C	ollege - Ole	an.			
□ I have applied to Jamestown Cor	mmunity College -	Olean but h	nave not yet be	en accepte	ed. Explain:	
				Cost of Att	endance * \$*Tuition, room,	
Major			_ Minor		*Tuition, room,	board and mandatory fees
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 re				ed Family	Contribution. If not a	vailable you can
II. List any GI Bill benefits you w	rill receive towar	d college c	osts:			
			1		<del> </del>	

affect your family's ability to pay for college tuition. Yo	u may attach pages if necessary.
IV. List scholarships, grants and loans you have applied amount you will receive.	for and/or have been awarded, indicating funding
<b>Goals</b> In 200 words or less, please describe your goals for the fugoals. You may use the space provided or attach your sta	uture and how furthering your education factors into those tement to this application.
the above information provided released to the	the best of my knowledge. I give permission to have all Cattaraugus Region Community Foundation. I further will disqualify the applicant of any scholarships provided
Signature of Applicant	Date
CATTARAUGUS REGION	301 North Union St., Suite 203, Olean, NY 14760 Phone: (716) 301-2723 • Fax: (716) 701-4008

