

# *Northern New York Community Foundation, Inc.*

## **TIMOTHY F. WRIGHT MEMORIAL SCHOLARSHIP**

This scholarship was established at the Northern New York Community Foundation in memory of local businessman Timothy F. Wright.

Seniors at Carthage High School, Copenhagen Central School and Lowville Academy and Central School who will be attending Jefferson Community College majoring in business or a technology program are eligible to apply.

The recipient of this scholarship may receive up to \$5,000 toward tuition at Jefferson Community College for their freshman year.

**Application Deadline: June 1, 2025**

*Please return completed application to  
your school's Guidance Office.*

***Northern New York Community Foundation, Inc.***  
***131 Washington Street \* Watertown, NY 13601***

**TIMOTHY F. WRIGHT MEMORIAL  
 SCHOLARSHIP APPLICATION**

***High school seniors from Carthage, Copenhagen or Lowville who plan to attend Jefferson Community College - majoring in business or technology.***

Name \_\_\_\_\_

Address \_\_\_\_\_ County \_\_\_\_\_

\_\_\_\_\_ Phone (home) \_\_\_\_\_

E-mail \_\_\_\_\_ Phone (cell) \_\_\_\_\_

High School \_\_\_\_\_ Graduation Date \_\_\_\_\_

Gender (circle one) Male or Female Name of Parent/Guardian \_\_\_\_\_

College You are Attending in the Fall (*Please list no more than two.*) Expected  
 \_\_\_\_\_ Graduation Date \_\_\_\_\_

Do you plan on attending Jefferson Community College? Y or N

Are you in the top 15% of your senior class? Y or N

Please circle **ONE** field of study below:

Agriculture	Computer Science	Foreign Language	Nursing
Architecture	Criminal Justice	Graphic Design	Plumbing/HVAC
Arts/Music	Culinary Arts	Hospitality/Tourism	Psychology
Biology	Economics	Human Services	Sciences
Business	Education	Law	Social Services
Chemistry	Engineering/Math/Technology	Liberal Arts	Undecided
Communications	Environmental Studies	Medicine ( <i>OT/PT/Speech/ Rad Tech/Athletic Training</i> )	*Other:

**\*If Other please describe:**

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**On a separate sheet of paper, please write one essay answering the following two questions in a minimum of 150 words:** Why should the Northern New York Community Foundation invest in your future? How will your education help you make a contribution to our community?

How did you learn about our scholarship program? \_\_\_\_\_

**Personal Data:**

Describe your paid work experience during the **past 4 years**. Indicate dates of employment for each job, approximate number of hours worked each week and whether it was a summer job or during school. List total amounts earned at each job.

Position	Date From (month/yr)	Date To (month/yr)	Hours/Week	Summer job or during school	Amount Earned

If unable to work, give explanation.

\_\_\_\_\_

\_\_\_\_\_

List all **school** activities in which you have participated during the **past 4 years** (e.g. student government, music, sports, etc.). List all **community** activities in which you have participated without pay during the **past 4 years** (e.g. youth club, church work, volunteer work). Note special awards, honors and offices held.

Activity	No. of Years	Special Awards, Honors, Offices Held

If unable to participate, state reasons.

\_\_\_\_\_

\_\_\_\_\_

*Please explain any unusual hardships, or special family or personal circumstances you would like the scholarship committee to take into consideration when reviewing your application. (use additional pages if needed)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in termination of any scholarship granted.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**If necessary, use a separate sheet of paper to complete any of the above.  
Application packets will NOT be accepted after June 1, 2025**

# *Northern New York Community Foundation, Inc.*

## **TIMOTHY F. WRIGHT MEMORIAL SCHOLARSHIP**

### **SCHOLARSHIP APPLICANT APPRAISAL**

*To be completed by a high school counselor, advisor or instructor.*

You have been asked to provide information in support of a scholarship application for

Name of Applicant: \_\_\_\_\_

***Please return this form to your school's Guidance Office by June 1, 2025.***

### **ASSESSMENT**

The applicant's choice of a post secondary education program is	Extremely appropriate ____	Very appropriate ____	Moderately appropriate ____	Inappropriate ____
The applicant's achievements reflect his/her ability	Extremely well ____	Very well ____	Moderately well ____	Not well ____
The applicant's ability to set realistic and attainable goals is	Excellent ____	Good ____	Fair ____	Poor ____
The quality of the applicant's commitment to school & community	Excellent ____	Good ____	Fair ____	Poor ____
The applicant is able to seek, find and use learning resources	Extremely well ____	Very well ____	Moderately well ____	Not well ____
The applicant demonstrates curiosity and initiative	Extremely well ____	Very well ____	Moderately well ____	Not well ____
The applicant demonstrates good problem-solving skills, follows through and completes tasks.	Extremely well ____	Very well ____	Moderately well ____	Not well ____
The applicant's respect for self and others is	Excellent ____	Good ____	Fair ____	Poor ____

### **COMMENTS** Use back side of sheet if more space is needed.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Appraiser's Signature and Title \_\_\_\_\_

School/Organization \_\_\_\_\_ Telephone \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Appraiser's Signature and Title \_\_\_\_\_

School/Organization \_\_\_\_\_ Telephone \_\_\_\_\_