



Thousand Islands Foundation, Inc.

PO Box 1000 Clayton, NY 13624-1000

Tel: 315-686-5594 ext. 1000 Fax: 315-686-5511

The Thousand Islands Foundation exists to generate and distribute resources to create, enrich, and expand scholarship opportunities to maximize success for Thousand Islands area students and graduates.

Full Time Non-Traditional Scholarship Application

Social Security No. _____

Name _____

Address _____

Telephone _____

Marital Status _____

Children _____ Ages _____

College Attending in Fall _____

Major _____

Expected Graduation Date _____

Degree _____

Previous Colleges Attended _____ GPA _____

_____ GPA _____

Request all colleges you have attended and the high school you graduated from to send an official transcript of your academic record to the Thousand Islands Foundation, Inc.

Date Requested _____

On a separate sheet of paper please write an essay (typed or computer form) answering both questions in a minimum of 150 words:

Why should the Thousand Islands Foundation, Inc. invest in your future?

How will your education help you contribute to the community where you choose to live?

References (Include name, address, and telephone number of three people familiar with your education and employment performance.)

APPLICATION MUST BE RECEIVED BY: MAY 14, 2010

Please be sure to read "HAVE YOU"



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APPLICANT APPRAISAL

PLEASE RETURN THIS FORM TO THE THOUSAND ISLANDS FOUNDATION, INC. BY MAY 14 2010

To be complete by a high school or college counselor, advisor, instructor, or supervisor.

This appraisal is worth a total of 10 points in scoring for our scholarships.

8 points for the assessment and 2 points for your comments.

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

Name of Applicant _____ Social Security No. _____

ASSESSMENT (8 points)

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

COMMENTS (2 points) Use back side of sheet if more space is needed.

Appraiser's Signature and Title _____

School/College _____ Telephone Number _____



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The Clayton Volunteer Fire Department awards a Scholarship Annually.

Completing this page will allow you to be considered for both
scholarships.

(IF YOU ARE NOT ELIGIBLE DO NOT RETURN THIS FORM.)

The Candidate for this Scholarship

1. Must be an ACTIVE member of the Clayton Volunteer Fire Department, or son, daughter, grandchild, or spouse of an ACTIVE member.
2. Complete section below and include with your scholarship.

Please complete section:

Do you wish to apply for Clayton Fire Department Scholarship

Yes _____ No _____

Name of Active member related to: _____

Relationship: _____



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The Grindstone Island Research and Heritage Center awards an annual scholarship for a student attending college or an accredited post-secondary vocational school.

(IF YOU ARE NOT ELIGIBLE DO NOT RETURN THIS FORM.)

Completing this page will allow you to be considered for both scholarships.

The Candidate for this Scholarship

1. Candidate must be a direct descendent of a full time resident of Grindstone Island.
2. Students may attend schools outside the Thousand Islands area provided they live within a 35 mile radius of Grindstone Island.
3. Complete section below and include with your scholarship application.

Please complete section:

Do you wish to apply for a Grindstone Island Research & Heritage Center Scholarship?

Yes _____ No _____

Name of full time Grindstone Island Ancestor(s) _____
from whom you are lineal descendent (paternal, maternal, or both). Give lineage to that person.

Relationship to applicant _____

Give dates Ancestor(s) lived year round on the Island _____



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Name of Applicant _____

Social Security No. _____

Educational Costs and Your Means to Cover These Costs

Expected annual cost of attending college:

Tuition	\$ _____
Room and Board	\$ _____
Fees	\$ _____
Miscellaneous (books, travel, etc.)	\$ _____
Total	\$ _____

Scholarships and Grants Awarded:

Scholarships	_____
Tuition Assistance Programs	_____
Pell Grant	_____
Work Study Grant	_____

TOTAL	_____



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HAVE YOU?

- 1. Completed page 1 and 2 of the application?
- 2. Included with your application a copy of page 2 of your parents' and your Federal Income Tax form and a copy of page 2 of your parents' and your State Income Tax Form?
- 3. Included your essay in typed or computer format with your application with your name and social security number in the upper left-hand corner?
- 4. Included with your application a statement of your educational costs and your means to cover these costs and a copy of your Financial Awards Letter from your college if you have received it?
- 5. Included a copy of your letter of acceptance from the institution of higher education?
- 6. Given the Applicant Appraisal form to someone to complete and return to the Foundation?
- 7. Asked your Guidance Counselor to send an official transcript of your academic record to the Foundation?
- 8. Made sure that your social security number is in the upper left-hand corner of each page you submit.
- 9. **Mailed the fully completed application and attached material to the Foundation to be received no later than May 14, 2010.**

NOTES: Please submit the materials that you are required to return, in the order listed above.

Do NOT put your application in a folder, binder, etc.