

The Horseheads Retired Teachers' Award

(Please read carefully and either print or type your responses)

To be eligible for the HRTA Award, you must plan to attend a community or four year college or university in the fall of 2025. The criteria for this award will be based on both scholarship and financial need.

***Applications are to be completed in full and returned to the Counseling Office by Wednesday, March 26, 2025. Decisions will be made by May 12, 2025.**

Name _____

Home Address _____

Date of Birth _____

Current Average (To be completed by Guidance Counselor) _____

1. List extra-curricular activities

(Circle which years active)

- | | | | | |
|----------|---|----|----|----|
| 1. _____ | 9 | 10 | 11 | 12 |
| 2. _____ | 9 | 10 | 11 | 12 |
| 3. _____ | 9 | 10 | 11 | 12 |
| 4. _____ | 9 | 10 | 11 | 12 |

2. List outside school activities

- | | | | | |
|----------|---|----|----|----|
| 1. _____ | 9 | 10 | 11 | 12 |
| 2. _____ | 9 | 10 | 11 | 12 |
| 3. _____ | 9 | 10 | 11 | 12 |
| 4. _____ | 9 | 10 | 11 | 12 |

3. List work done for remuneration during your school years, school vacations, and during the summer.

1. Place of employment _____ Address _____
2. Place of employment _____ Address _____

4. List in order of preference, the top three colleges or universities at which you have applied and/or have been accepted.

<u>College</u>	<u>Annual Tuition, Room and Board</u>
1. _____	_____
2. _____	_____
3. _____	_____

5. What is your intended major at college/university? _____

What is your career goal? _____

6. Do you plan to work at all while attending college? _____

7. Please answer the following information concerning your family.

Father's name _____ Occupation _____

Address _____

Mother's name _____ Occupation _____

Address _____

Guardian's name _____ Occupation _____

Address _____

8. List the names and ages of the dependents in your family.

9. List the number of dependents in your family attending college.

10. A copy of your most recent academic transcript **must** accompany your application.

11. **Two letters of reference** by individuals (not family members) who are familiar with your personal qualifications, academic performance, and community service. Letters of reference must be mailed directly to HRTA Award c/o Horseheads High School Counseling Office, 401 Fletcher Street, Horseheads, NY 14845. Please provide a stamped, addressed envelope for each of your references to be returned to us via the aforementioned address.

Note: If you feel that the requested information does not present a total picture of your academic, extracurricular, or financial situation, please briefly justify your reasons for feeling that you should be considered for this scholarship in a short statement and attach it to this application.

The information submitted on all parts of this application is true and accurate to the best of my knowledge.

(Signature of Applicant)

Date submitted _____

Thank you for applying for the Horseheads Retired Teachers Association Award.

Kim Clark
President
Horseheads Retired Teachers Association
C/O Horseheads High School Counseling Office