



THE COMMUNITY FOUNDATION

MINORITY SCIENCE SCHOLARSHIP APPLICATION

Name: _____

Address: _____

Parent/Guardian: _____

Telephone Number: () _____

Overall Grade Average: _____ Class Rank: _____

Name of College you plan to attend: _____

Address of College: _____

Chosen Field of Study: _____ Cost for one-year of study: _____

Extra Curricular Activities: _____

Awards Received: _____

Do you consider yourself to be part of a minority group? If yes, which one? _____

Please attach (1) a one-page essay to this application outlining your goals for the future and why you have chosen this particular field of study, (2) your “**official**” high school/college transcript, (3) a copy of the FAFSA form or the SAR, (4) a copy of the parent’s IRS-1040 or non-taxable documents (DSS Budget Sheet, Unemployment, or Social Security), (5) a copy of the financial aid award letter from the college, and (6) the estimated annual school budget sheet or college bill.

Submit your application to The Community Foundation, 500 East Avenue, Rochester, NY, 14607 **June 1st**. A committee will review applications and select the students who best meet the criteria of the Minority Science Scholarship.

Applicant _____

Date: _____