

Applicant: Please complete this form and have your guidance counselor return all materials to:

Mr. Kirk Aderman
Cafeteria Cook-Manager
Gates Chili CSD High School
1 Spartan Way
Rochester, New York 14624

APPLICATION DEADLINE: March 24, 2017

NAME: _____

ADDRESS: _____

_____ PHONE: _____

SCHOOL DISTRICT: _____

What school activities have you been involved in? _____

What outside-of-school activities have you been involved in? _____

Have you had any job experience? Please list employers: _____

What other scholarships have you applied for? _____

What other scholarships will you be receiving? _____

What schools and course of studies have you applied to? _____

Have you been accepted? _____

What are your long term career goals? _____

What is your Grade Point Average? _____

Do you have any brothers or sisters who will also be in college next year? _____

How many? _____

List the name of your guidance counselor to whom you will be giving the attached

recommendation form: _____

Please be aware that the committee may require a personal interview. You will be notified as to the date and time.

This scholarship will be awarded at our annual banquet on May 9, 2017 (Whittier Party House). Please note that attendance at the banquet is required to receive scholarship.

Signature of applicant: _____

TO BE FILLED OUT BY STUDENT'S GUIDANCE COUNSELOR:

Please send a copy of the student's current transcript with the other application materials.

Name of Applicant: _____

Name of Guidance Counselor: _____

Counselor's Signature: _____

How long have you known the applicant? _____

What is the applicant's Grade Point Average? _____

For each of the following, rate the applicant from 1 to 10:

1 – weak

5 – average

10 – outstanding

- | | | |
|----|---|-------|
| 1. | Overall Character | _____ |
| 2. | Shows Leadership Potential | _____ |
| 3. | Shows Maturity | _____ |
| 4. | Shows Commitment | _____ |
| 5. | Shows Motivation Towards Personal Goals | _____ |
| 6. | Attendance | _____ |

Comments:

I _____ give _____
(applicant) *(guidance counselor)*
permission to release any of my records necessary for competition in the Monroe County School
Nutrition Association Scholarship.

Signature: _____