

**10<sup>th</sup> Mountain Division (Light Infantry) Scholarship  
Application Academic Year 2017-18**

**NORTHERN NEW YORK COMMUNITY FOUNDATION, INC.**

131 Washington Street

Watertown, NY 13601

(315) 782-7110

web: [www.nnycf.org](http://www.nnycf.org); email: [april@nnycf.org](mailto:april@nnycf.org)

**QUALIFICATIONS:**

Applicant must be 1) a current or former **10<sup>th</sup> Mountain Division (Light Infantry) member or the Family Member** of one (spouse or child). *Descendants of veterans of the World War II 10<sup>th</sup> Mountain Division are not eligible for this scholarship.* 2) **Proof of service with the Division is required** - applicable Officer or Enlisted Record Brief for current and former Soldiers or DD214, Certificate of Discharge, showing discharge from a unit of the 10<sup>th</sup> Mountain Div (LI), and 3) a **member of the 10<sup>th</sup> Mountain Division Association**. Membership information can be found at the Association's website <http://www.10thmndivassoc.org/>. **A copy of the application is attached.**

Applicant must be a **full-time undergraduate, including technical school** student. **Graduate study is not funded.**

New applications are accepted from **high school seniors** for the freshman year and from **traditional and non-traditional students** for any year in college or technical school. **High school juniors** in an early graduation program may also apply.

**[Any unusual hardships and special family or personal circumstances should be described in the application.](#)** Scholarship awards can be up to \$5,000 for one year. **Prior awardees may apply in subsequent years.**

**INSTRUCTIONS:**

Read all materials completely so that you understand what is available, the criteria, and what is expected of you. Incomplete applications will not be considered.

Complete the **Application** (page 1) and **Personal Data Sheet** (page 2).

Give the **Applicant Appraisal form** (page 3) to someone at your school or your places of employment i.e., school counselor, advisor, instructor, or supervisor or member of your chain of command. Please note that **you** are responsible for making sure that it is completed and returned to the Foundation as part of your packet.

Write your **essay**, answering the questions listed on page 1, and include it with your application.

Request that your **high school or any colleges you have attended** send the Foundation an **official transcript** of your grades to date.

Check your application, ensure that it is complete. Mail or hand-deliver your application, including your essay and appraisal, to the Foundation at the address listed above.

***Applications will be accepted until 1 April 2017.  
The Selection Committee's goal is to announce awardees for Academic Year  
2017-18 No Later Than 15 Jul 2017.***

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**SCHOLARSHIP APPLICATION CHECKLIST**

ITEM	DATE COMPLETED	DATE REQUESTED	DATE RETURNED	DATE SUBMITTED TO NNYCF
(1) APPLICATION		N/A	N/A	N/A
(2) TRANSCRIPTS	N/A			
(3) APPRAISAL	N/A			N/A
(4) ESSAY		N/A	N/A	N/A
PACKET SUBMISSION (Items 1-4)		N/A	N/A	

Use this checklist to assist you in completing your packet, it is not a submission item.

- Applicants are responsible to ensure that a complete packet is submitted to the Northern New York Community Foundation (NNYCF) NO LATER THAN 1 April 2017.
- If required by law or school policy, transcripts are the only documents that may be mailed separately to the NNYCF, applicants are responsible to insure they arrive by 1 April 2017.

**10<sup>th</sup> Mountain Division (Light Infantry) Scholarship Application**  
**Northern New York Community Foundation, Inc.**  
**131 Washington Street**  
**Watertown, NY 13601**

Name \_\_\_\_\_

Home Address \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \*\* \_\_\_\_\_

Filing Status: Soldier/Veteran \_\_\_\_\_ Spouse \_\_\_\_\_ Child \_\_\_\_\_

Name of Sponsor (Spouse/ Parent/Guardian as applicable) \_\_\_\_\_

Marital Status (if applicable) \_\_\_\_\_ # Children \_\_\_\_\_ Ages \_\_\_\_\_

Name of High School (if applicable) \_\_\_\_\_

Graduation Date (if applicable) \_\_\_\_\_

Current Year in College (if applicable): Freshman Sophomore Junior

College Attending (or applied to) \_\_\_\_\_

Expected Graduation Date \_\_\_\_\_ Degree \_\_\_\_\_

Major Field of Study \_\_\_\_\_

Previous Colleges Attended (if any) \_\_\_\_\_

**Transcript Requirement:** Please request that your high school (if applicable) or any colleges you have attended send an official transcript of your academic record to the Northern New York Community Foundation, Inc. at the address shown above.

**Date Requested** \_\_\_\_\_.

**Essay Requirement:** On a separate sheet of paper, please write an essay answering the following question in a *maximum of 200 words*:

**"Describe three of your personal character traits, how they have contributed to your success to date and how each will contribute to your success in life?"**

***Applications will be accepted until 1 April 2017. The Selection Committee's goal is to announce the awardees for Academic Year 2017-18 No Later Than 15 July 2017. \*\****

Please ensure your email address will be one you can access in July 2017

**Make sure to complete and submit all 3 pages**

**Personal Data Sheet**

(Use a separate sheet to complete your responses):

1. Describe your paid **work experience** during the **past 4 years**. Indicate the 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 (use additional pages if needed):

Position	Date From (month/yr)	Date To (month/yr)	Hours/Week	Summer/School	Total amount Earned

2. If unable to work, give explanation: \_\_\_\_\_  
\_\_\_\_\_

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

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

4. If unable to participate, state reasons: \_\_\_\_\_  
\_\_\_\_\_

5. 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):

\_\_\_\_\_  
\_\_\_\_\_

**6. Military Service Information.** Please attach the appropriate documentation to support your or your sponsor’s service in the Division. A highlighted **Officer or Enlisted Record Brief (DA 4037)** showing **service** with the 10th Mountain Division (LI) or supporting unit or activity; if using a **Certificate of Discharge (DD214)**, it must show that the veteran **was discharged** from the 10th Mountain Division (LI) or supporting unit or activity.

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

Applicant’s Signature \_\_\_\_\_ Date \_\_\_\_\_

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**SCHOLARSHIP APPLICANT APPRAISAL**

*To be completed by a high school or college counselor, advisor, instructor, employment supervisor or a member of your chain of command.*

You have been asked to provide information in support of a scholarship application for  
(Name of Applicant): \_\_\_\_\_

***Please return this form to the Applicant. Applicant is responsible to submit a complete packet by 1 April 2017.***

**ASSESSMENT (Please circle the response that best fits you assessment)**

The applicant's achievements reflect his/her ability	Extremely well	Very well	Moderately well	Not well	Not Applicable
The applicant's ability to set realistic and attainable goals is	Excellent	Good	Fair	Poor	Not Applicable
The quality of the applicant's commitment to school & community	Excellent	Good	Fair	Poor	Not Applicable
The applicant is able to seek, find and use learning resources	Extremely well	Very well	Moderately well	Not well	Not Applicable
The applicant demonstrates curiosity and initiative	Extremely well	Very well	Moderately well	Not well	Not Applicable

**COMMENTS** (Use back side of this sheet if more space is needed).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

School/Organization: \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Date: \_\_\_\_\_