

**Western New York
Manufacturing Engineers Educational Trust
P. O. Box 512
East Aurora, New York 14052**

HIGH SCHOOL SENIOR / RETURNING FRESHMAN SCHOLARSHIP

APPLICANT'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____

HIGH SCHOOL ATTENDING: _____

HIGH SCHOOL GRADUATION DATE: _____

COLLEGE ATTENDING: ALFRED UNIVERSITY

ERIE COMMUNITY COLLEGE NIAGARA COUNTY COMMUNITY COLLEGE

BUFFALO STATE COLLEGE STATE UNIVERSITY OF NEW YORK AT BUFFALO

ALFRED STATE COLLEGE ROCHESTER INSTITUTE OF TECHNOLOGY

MAJOR: _____ CANISIUS COLLEGE

UPCOMING COLLEGE ENROLLMENT: FULL-TIME____ PART-TIME____*

* IF PART-TIME, HOW MANY CREDIT HOURS PER SEMESTER? _____

EMPLOYER / VOLUNTEER HISTORY: _____

HIGH SCHOOL CLUBS: _____

OTHER ACTIVITIES (SCOUTING, RELIGIOUS, SPORTS, ETC): _____

LIST TWO REFERENCES (1 TEACHER, 1 NON-TEACHER - DO NOT USE RELATIVES)

NOTE: REFERENCES MUST FILL OUT SEPARATE DATA SHEET - ONE REFERENCE MUST BE A CURRENT INSTRUCTOR

(1) NAME _____

(2) NAME _____

ADDRESS _____

ADDRESS _____

PHONE NO. _____

PHONE NO. _____

ARE YOU A US CITIZEN? YES ___ NO ___

HOW MANY YEARS HAVE YOU LIVED IN ERIE OR NIAGARA COUNTY? ___ YRS

WRITE A SHORT PARAGRAPH EXPLAINING WHY YOU DESERVE THIS SCHOLARSHIP

AND

WRITE A SHORT PARAGRAPH EXPLAINING THE NEED FOR FINANCIAL ASSISTANCE.

(TYPE ON A SEPARATE SHEET AND ATTACH TO THIS APPLICATION).

ATTACH YOUR 3-1/2 YEAR HIGH SCHOOL TRANSCRIPT

HAVE PARENT/GUARDIAN SIGN BELOW.

SEND COMPLETED APPLICATION TO SCHOLARSHIP COMMITTEE LISTED BELOW
PRIOR TO **April 2**

SEND TO: WNYMEET SCHOLARSHIP COMMITTEE

P.O. BOX 512

OR

WNYMEET@YAHOO.COM

EAST AURORA, NEW YORK 14052

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS FACTUAL AND ACCURATE.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

***ANY FALSIFICATION OF THE ABOVE INFORMATION WILL RESULT IN DISQUALIFICATION
AND FORFEITURE OF SCHOLARSHIP FUNDS.***

HAVE YOU:

LISTED 2 REFERENCES, ONE OF WHICH IS AN INSTRUCTOR?

GIVEN YOUR REFERENCES THE PROPER SHEET TO FILL OUT?

PROVIDED YOUR REFERENCES A STAMPED, WNYMEET ADDRESSED ENVELOPE?

ATTACHED YOUR PARAGRAPHS ON DESRIVING SCHOLARSHIP AND FINANCIAL NEED?

ATTACHED YOUR 3-1/2 YEAR HIGH SCHOOL TRANSCRIPT?

PROVIDED A SIGNATURE OF YOUR PARENT OR GUARDIAN?

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REFERENCE DATA SHEET

TO BE FILLED OUT BY STUDENT:

STUDENT'S NAME: _____

STUDENT'S PHONE #: _____

TO BE FILLED OUT BY REFERENCE:

THANK YOU FOR YOUR EFFORTS TO PROVIDE A REFERENCE FOR THE STUDENT. (PLEASE, NO FORM LETTERS)

THIS FORM MUST BE RECEIVED BY APRIL 2 FOR THE APPLICATION TO BE CONSIDERED.

YOUR NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE NUMBER: (____) _____

BUSINESS PHONE NUMBER: (____) _____

E-MAIL (OPTIONAL): _____

OCCUPATION: _____

EMPLOYER: _____

YEARS YOU HAVE KNOWN STUDENT: _____

HOW ARE YOU ACQUAINTED WITH STUDENT? _____

PLEASE PROVIDE A SEPARATE SHEET WITH COMMENTS INCLUDING, BUT NOT LIMITED TO, STUDENTS OUTSTANDING CHARACTERISTICS, ACADEMIC/JOB PERFORMANCE, AND FUTURE POTENTIAL.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS FACTUAL AND ACCURATE:

REFERENCE'S SIGNATURE: _____ DATE: _____

ANY FALSIFICATION OF THE ABOVE INFORMATION WILL RESULT IN DISQUALIFICATION AND FORFEITURE OF SCHOLARSHIP FUNDS.

DO NOT RETURN TO STUDENT. SEND DIRECTLY TO:

WNYMEET SCHOLARSHIP COMMITTEE
C/O WNYMEET
P.O. BOX 512
EAST AURORA, NY 14052

OR

WNYMEET@YAHOO.COM