**TIOGA STATE BANK COMMUNITY SCHOLARSHIP APPLICATION FOR HIGH SCHOOL SENIORS**

**THIS PORTION OF THE APPLICATION MUST BE VERIFIED BY THE STUDENT’S HIGH SCHOOL GUIDANCE COUNSELOR**

Student’s name:

Student’s address:

Student’s phone number:

TC3 major: Credit hours planned for fall semester:

High school: High school average:

**VERIFICATION OF APPLICATION ACCURACY BY HIGH SCHOOL GUIDANCE COUNSELOR**

Guidance counselor printed name:

Guidance counselor signature:

Guidance counselor phone:

Guidance counselor email address:

**STUDENT:** Please attach a typed response addressing each of the following areas. Your responses should include a complete explanation for each section. The total length of your answers should not be more than 2 pages typed, double spaced.

1. Please tell the scholarship selection committee about your community involvement. Include activities, events, volunteer service, and any other community activities that you have been involved with during the past four years.
2. Why do you deserve to be considered for this scholarship award and what does community involvement mean to you?
3. Why are you opting to attend TC3? What factored into this decision? How are you financing your college education?

Please submit your applications to TC3 Alumni and Development Office, PO Box 520, Dryden, NY 13053 or fax: 607-844-6548 or a PDF file sent to lopezm@tompkinscortland.edu .

**Submission deadline is April 15, 2020.**

Student recommended by: Date:

Phone number:

**TOMPKINS CORTLAND COMMUNITY COLLEGE FOUNDATION, INC.**

**TIOGA STATE BANK COMMUNITY SCHOLARSHIP**

Consent to Release Information and Certification Information

I, , give Tompkins Cortland Community College, and the Tioga State Bank Community Scholarship Committee permission to exchange information connected with my application for the above scholarship.

By signing this consent, I understand that as an applicant for this scholarship award I give Tompkins Cortland Community College permission to verify submitted materials including financial aid information, personal financial information, personal data and personal reference. I also give permission to use my name and photo in a press release should Tioga State Bank choose. I understand that all information will be kept confidential.

I understand that this consent form will remain in effect as long as my eligibility exists.

Student’s signature: Date:

Guidance counselor signature: Date:

Certification Information

I believe I am eligible for and hereby make application to receive a Tioga State Bank Community Scholarship award at Tompkins Cortland Community College. I certify that all statements made in this application are complete and accurate.

I understand that:

* Falsification in my application, transcripts or other attachments will disqualify my application
* A selection committee will select scholarship recipients and the committee’s decision will be final
* Incomplete applications will not be considered
* It is my responsibility to inform the Financial Aid Office of any change in my eligibility status or of any additional awards received.

Student’s signature: Date: