

THE CORA E. KING SCHOLARSHIP 2024

First Presbyterian Church
112 South Street, Auburn, NY 13021
315-252-3861
www.auburnfirst.org
fpcauburn@protonmail.com

Pursuant to the provisions set forth in the will of Cora E. King, a scholarship fund has been established to be known as THE CORA E. KING SCHOLARSHIP FUND.

BASIS OF AWARD

Applicants must be residents of Cayuga County for at least one year preceding the application deadline.

The scholarship will be granted to high school graduates or equivalent and the student must be applying to or enrolled in a **4-year** bachelor's program in an accredited college or graduate school. The applicant need not attend schools within the said county. Applicants **MUST** reapply each year if they wish to be considered for an award.

In determining selection of recipients, the scholarship committee will review academic achievement, financial need of families and the applicant themselves, work/community volunteer experiences, vocational goals and statements of recommendation. Preference will be given to applicants pursuing teaching, education or a professional career and to members of FPC. The recipients of the awards will be approved by the Session of First Presbyterian Church of Auburn, NY, upon recommendation of the Scholarship Committee.

**ALL PAPERS WILL BECOME THE PROPERTY OF THE CORA E. KING
SCHOLARSHIP COMMITTEE AND WILL NOT CONSTITUTE PART OF THE
STUDENTS OFFICIAL SCHOOL RECORD**

Applications are available online.

David Lee, Chair

Return completed forms to:

First Presbyterian Church
Cora E. King Scholarship Fund
112 South Street, Auburn, NY 13021

**DEADLINE: RECEIVED BY FRIDAY, JUNE 14, 2024, 5:00 PM
E-MAIL SUBMISSIONS ARE ACCEPTED AND ENCOURAGED. PLEASE FOLLOW
THE GUIDELINES FOR E-MAIL SUBMISSIONS.**

INSTRUCTIONS FOR COMPLETION OF APPLICATION:

Use this page as a check list to be sure your application is complete.

EACH APPLICANT'S FILE MUST INCLUDE:

ALL UNREADABLE APPLICATIONS WILL BE DISQUALIFIED... PLEASE FOLLOW THE INSTRUCTIONS BELOW FOR A LEGIBLE APPLICATION:

1. Application form, completed by the applicant only, must be on this official form. **Please use black ink for hand-written applications. For typed applications please use Times Roman 12 font. Do not print and scan hand-written applications as PDF. The Word document can be printed for mail or e-mailed as is or converted to PDF under SAVE AS options. If using PDF version, please use black ink, print, and mail hand-written form. Do not scan PDF version. You can also fill the PDF version by using Adobe's Fill and Sign option.**

PLEASE SAVE YOUR FILE AS YOUR LAST NAME-CORAKING2024 For example... *FPC-CORAKING2024*. You can e-mail us with questions. **PLEASE USE fpcauburn@protonmail.com.**

2. Financial statements. This page contains vital information, and the committee will automatically reject any application that does not provide the requested information.
3. Two letters of recommendation.
 1. **High school and college students must provide a recommendation from a most recent school educator or instructor of this current semester.** You will need to provide the form to the educator you have chosen to do your recommendation, (on page 7) and an envelope. This envelope will be sealed by your teacher/ professor with your recommendation. This envelope must be mailed by the educator to the above address.
Friday, June 14, 2024, 5:00 PM (received, not just postmarked)
(Previously written form letters by the teacher are not accepted.)
 2. Recommendation by person other than teacher, guidance counselor, or relative (page 6).
4. High school or college transcript:
Submit an **official final** college or high school transcript if possible. If not available by the deadline date, furnish the previous semester's transcript and/or grade sheet.

Please notify the committee when you have been accepted and your final decision has been made as to which college you will be attending.

SPECIAL NOTE: It is the responsibility of the applicant to be sure transcripts and letters of recommendation are on file prior to deadline. **INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**

DEADLINE DATE: JUNE 14, 2024, 5:00 PM

**APPLICATION 2024
THE CORA E. KING SCHOLARSHIP FUND**

Return or e-mail to: **First Presbyterian Church
Cora E. King Scholarship Fund
112 South Street, Auburn, NY 13021
fpcauburn@protonmail.com**

GENERAL INFORMATION

Print your name in full: _____
(last) (first) (middle)

Home address: _____

Date of birth: _____ College I.D. No. _____

Home phone: _____ Cell: _____ E-mail: _____

Names of educational institutions you are attending or have attended beginning with high school and dates attended.

_____	_____
_____	_____
_____	_____

Father's full name _____ If deceased, state year _____

Mother's full name _____ If deceased, state year _____

Spouse's full name _____ If deceased, state year _____

circle Yes (Y) or No (N)

Names of siblings or children	Age	Grade Level	Employed/Married
			Y or N / Y or N
			Y or N / Y or N
			Y or N / Y or N
			Y or N / Y or N

STUDENT BUDGET

A. Student budget for 2024-2025 academic year

Room	\$	
Board	\$	
Tuition	\$	
Travel	\$	
Total A	\$	

B. RESOURCES: APPLIED FOR OR AWARDED	ANTICIPATED	SECURED YES OR NO
From both parents and/or spouse	\$	
	\$	
From student's earnings and savings	\$	
Grants such as: PELL, TAP, SEOG	\$	
College Grants	\$	
College Work Study	\$	
Other Scholarships	\$	
Loans such as Perkins, Stafford, GSL, etc.	\$	
Gifts	\$	
Total B	\$	

C. If total A does not equal the total of B, how do you plan to finance your education?

D. Total loans to date NOT INCLUDING coming year's loans \$ _____

Remarks or special explanations:

I declare that the information reported on this statement, to the best of my knowledge and belief, is true, correct, and complete.

Date _____ Student's signature _____

Date _____

Parent's/spouse's signature (if resources are being utilized) _____

CONFIDENTIAL
THE CORA E. KING SCHOLARSHIP FUND 2023
First Presbyterian Church
112 South St. Auburn, NY 13021
fpcauburn@protonmail.com

The student who has asked you to fill out this form is an applicant for a scholarship established under the will of Cora E. King. The Scholarship Committee named by the Session of First Presbyterian Church of Auburn has asked each applicant to have this form filled out by a person, **other than a teacher, guidance counselor, (admissions office) or relative.** (Example: **employer, pastor, friend**)

Please attach an additional sheet if necessary.

Name of applicant in full:

How long have you known the student and in what capacity?

Do you feel the student will benefit from further education?

Has the applicant shown the will to succeed and a record of completing a job he/she has started?

In your opinion, will the applicant's family encourage the student's effort to continue his/her education?

How do you evaluate the personal qualities of the applicant?

Can you offer any additional information of aid to the committee such as work experience and summer jobs?

Date _____ Signature _____
Relation to student _____

NOTE: The completed form should be returned or e-mailed directly to the Cora E. King Scholarship Fund at the above address. It must be **received** by:

JUNE 14, 2024, 5:00 PM

**APPLICANTS WILL NOT BE CONSIDERED FOR AN AWARD WITHOUT THIS
COMPLETED FORM.**

CONFIDENTIAL
THE CORA E. KING SCHOLARSHIP FUND 2023
First Presbyterian Church
112 South St. Auburn, NY 13021
1auburnpres@gmail.com

I request that this form be completed by you.

Signed _____
(Student name/college I. D. number)

Date _____

TEACHER/COLLEGE PROFESSOR RECOMMENDATION

The Scholarship Committee would appreciate your comments on the applicant's scholastic aptitude, work habits, and determination to succeed. **Your recommendation will only be accepted if it is on high school/college letterhead.** The contents will be considered confidential.

Full name of applicant: _____

How long have you known the student? _____

Please give a short evaluation of the applicant.

NOTE TO EDUCATOR:

The student will provide you with an envelope to be sealed with your recommendation. This envelope must be mailed by you to the above address. This must be **received** by (not just postmarked): **June 14, 2024, 5:00 PM.**

Print Name _____

Date _____

Signature _____

Title/institution _____

APPLICANTS WILL **NOT** BE CONSIDERED FOR AN AWARD WITHOUT THIS COMPLETED FORM. YOUR COOPERATION IS APPRECIATED BY THE STUDENT AND THE COMMITTEE.

GENERAL INFORMATION (cont.)

This section must be completed **regardless** of previous applications and signed by **applicant only**.

Type a short autobiography of no more than 300 words.

1. If you are a new applicant, briefly, include the events and experiences of your life that have made you the person you are today. Explain your career goals and your reasons for wanting a higher education. How do you feel that your education will make you an asset to others?
2. If you are a repeat applicant: please update your career or college goals with a new essay **written this semester**, including personal growth, obstacles, or significant changes over the last year.

NOTE: Please sign and date your essay.

CONFIDENTIAL INFORMATION

Show income figures for **previous** year.

Household income: Salary, wages, or farm (before taxes)	_____
Student's income: Salary or wages	_____
Income from other sources: (interest, dividends, social security, veteran's benefits, etc.)	_____
Total income	\$ _____

Please explain below any specific family problems such as illness, heavy medical expenses, large debts, elderly dependents, unemployment or any other circumstances that you feel should be considered in assessing your need for financial assistance.

We declare that the information reported on this statement, to the best of our knowledge, is true, correct, and complete.

Date: _____ Parent or spouse's signature _____

Date: _____ Student's signature: _____

List work experience/community service, dates, number of hours worked and salaries in the last two years and give details:

Work/community volunteer experience	Date	Hours	Salary

If you were not employed during the past two summers, what did you do?

List below the schools or colleges you wish to attend next semester in order of preference. (freshmen or transfer only)

Name and address of school or college	Have you applied?	Been accepted?

State briefly the reasons for your first choice:

Class level for fall semester: _____ Field of study: _____

Career goal: _____

List your church, community, and school related extra-curricular activities and interests:

VERIFICATION FORM
CORA E. KING SCHOLARSHIP

STUDENT VERIFICATION

Student Name: _____

Home Address: _____

Email Address: _____

Student Phone #: (_____) - _____ - _____

College I.D. number: _____

(Not SSN) **(Applications are incomplete without this number)**

COLLEGE VERIFICATION:

College or University: _____

Address of Bursar's Office or Financial Aid Office:
(Where Check Should Be Sent)

Student Signature: _____ Date: _____

CHECKLIST

In the past some applications have been rejected for incomplete information. In hopes of assisting you in completing your application, please consult this checklist. Do not simply assume everything is in to us.... please check!!!

1. General Information Sheet
2. Student Budget (Total A and B Should Not Match...Otherwise Why Are You Applying?)
3. Confidential Family/individual Financial Information (Explain Specific/long Term Family or Individual Problems)
4. Student Statements
5. Transcripts
6. Teacher/college professor Recommendation (Definitely on Letterhead)
7. Recommendation from Other than Teacher, Counselor...Use a Pastor, Friend, Employer.
8. Verification Form