



THE COMMUNITY FOUNDATION

TINA CERINO MEMORIAL SCHOLARSHIP

Due: Second Friday in May

Include with this application:

1. A brief essay describing your career aspirations and why you think you should receive this award
2. Estimated budget for coming year
3. Academic support document from school official

Submit your application to **Clyde-Savannah High School Guidance Counseling Office**

Name: _____ Gender Male Female

Address: _____ Telephone Number: (____) _____

_____ Email: _____

Current Gpa: _____

Name Of Intended College: _____

Intended College's Address: _____

Activities In School:

Other Extra Curricular Activities:

Work Experience (List From Current To Least Current):

Year

Place

Type Of Work

Parent(S) Name: _____

Home Address: _____

TINA CERINO MEMORIAL SCHOLARSHIP

APPLICANT STATEMENT

Instructions: Please write a brief essay (1/2 to 1 page) describing your career aspirations and why you think you should receive this award.

Applicant name: _____

TINA CERINO MEMORIAL SCHOLARSHIP
ESTIMATED BUDGET FOR COMING YEAR

INCOME

Personal Savings _____
Earnings _____
Help from Family _____
Scholarships/Grants _____
 NYS Regents _____
 BEOG _____
 Federal Loan _____
 TAP _____
 EOP _____
 Other _____

Total _____

COSTS

School Tuition _____
Books/Supplies _____
Room and Board _____
Transportation _____
Other _____

Total _____



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Applicant Reference

To be completed by a School Official

Applicant's Name: _____

In Support of this Application, the Following Information is Offered:

Character, Including Maturity and Judgment, of the Applicant: _____

Ability of the Applicant: _____

Achievements of the Applicant: _____

Need of the Applicant: _____

Comments: _____

School Official's Name: _____

School Official's Signature: _____

Date: _____