# RUTH EDWARDS CARPENTER MEMORIAL AWARD APPLICATION FORM

### **INFORMATION**

This award is presented to a current Cayuga Community College graduating student who intends to continue his/her education at Syracuse University in the field of medicine or health related areas of study and who has demonstrated academic excellence in his/her field

Application forms are available from the offices of Financial Aid or The Cayuga County Community College Foundation of Cayuga Community College. Applicants wishing to be considered for the award are asked to fill out this application and return it, together with appropriate supporting documents, to:

The Cayuga County Community College Foundation, Inc. 197 Franklin Street Auburn, New York 13021-3099

#### **ELIGIBILITY**

To be eligible for consideration, applicants must meet the following criteria:

- 1. Be a graduating student with strong academic potential
- 2. Show proof of acceptance at Syracuse University

## **DEADLINE FOR APPLICATION**

Please complete the following information:

Signature of Applicant: \_\_\_\_\_

The application deadline is April 15 of the year in which the student plans to graduate. The scholarship will be sent directly to Syracuse University on behalf of the recipient upon confirmation of registration.

#### INSTRUCTIONS

Applicant's Name		
Street		
City		
Applicant's C number:		Cumulative GPA:
Intended major at Syracuse University:		
Authorization:		
I hereby authorized the committee desig	gnated to select an a	awardee for the Ruth Edwards
Carpenter Memorial Award to review co	onfidential academ	ic records on file at Cayuga
Community College in order to further of	determine my eligil	oility for this award. I understand that
this information will be kept strictly con	nfidential by the con	mmittee. I also certify that all
information provided is accurate to the best of my knowledge.		