



JEAN WRIGHT MEMORIAL SCHOLARSHIP **INFORMATION AND GUIDELINES**

GUIDELINES

Two awarded annually to one female business major on the Auburn Campus and one female business major on the Fulton Campus.

Application forms are available online, or from the offices of Financial Aid, or Cayuga County Community College Foundation.

Review of applications and final selection will be made by the Business Faculty. Applications and any supporting documents may be sent to:

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

NOTE: Applications may also be scanned in and submitted electronically to alumni@cayuga-cc.edu.

Application deadline is May 1. Applicants will be notified of the Scholarship Committee decision by the end of the first week in May.

ELIGIBILITY

Applicant must meet the following criteria:

1. Be a female student majoring in business.
2. One student from the Auburn campus and one student from the Fulton campus will each receive a scholarship annually.
3. Should share Jean Wright's belief that women are capable of achieving success in the field of business, and can make a significant positive difference through their work or community service. Candidate must submit an **essay (minimum 500 words)** explaining why she is applying for this scholarship, and her thoughts about making a positive difference.
4. Attend Cayuga Community College on a full time basis (12 credits or more).
5. Show extracurricular activities, community service and/or part-time employment.
6. Maintain a minimum GPA of 2.5.

**JEAN WRIGHT MEMORIAL SCHOLARSHIP
APPLICATION FORM**

Applicant Name					
Street Address					
City		State		Zip	
C Number			Cell Phone		
Email Address					
ACC/CCC Graduate's Name					
Street Address					
City		State		Zip	
Phone Number			Relationship to Graduate		

List below extracurricular college activities, years participated, offices held and a contact person in each organization, with phone or email.

List community activities and/or jobs, years participated, and contact person in each organization (with phone number).

List honors, awards and scholastic achievements.

I hereby authorize the Scholarship Committee to review my records to determine eligibility for an award. I understand that this information will be kept strictly confidential by the committee. I also certify that the information I have provide is, to my knowledge, accurate and true.

Signature of Applicant _____ Date _____