Leah Levy Scholarship

Application & Guidelines

Purpose:

To recognize a migrant farmworker senior high school student who attends a high school in Columbia County, New York. The student should have demonstrated a caring attitude toward others or the community and be planning on attending a post-secondary school. An award of up to \$500 will be given.

Eligibility:

- 1) A Current student or a student who formerly attended school in Columbia County
- 2) Senior in high school
- 3) Plans to attend post-secondary institution
- 4) Recent history of movement for agriculture employment

Application Process:

A completed application must be submitted by April 17th

Two Reference Letters

Please have two people who know you (teacher, coach, employer, counselor, minister, etc.) write a letter addressing your education, your giving, caring nature and/or your need for financial assistance. No letters will be accepted from a family member.

Personal Information

Write an essay of approximately 300-400 words. Please describe why you feel you should receive the Leah Levy Scholarship. You may include some of the following:

- Academic successes
- Well-rounded school career
- Community involvement
- Work experience
- Migrant lifestyle
- Future goals
- Caring nature

Proof of Acceptance

Please submit a copy of acceptance at a post-secondary institution.

Submit completed packet to:

Leah Levy Scholarship *postmarked by: April 17th

c/o Mary Kline Herkimer BOCES 352 Gros Blvd.

Herkimer, NY 13350 Telephone #: 315-867-2079

Leah Levy spent the last ten years of her professional life working with the Migrant families in Columbia County. She gave tirelessly of her time and self to access services for the families. She was an educator, tutor, advocate and friend to families and students. This scholarship honors her memory.

Leah Levy Migrant Scholarship Application Form

This form accompanied by at least three reference letters, a personal essay of 300-400 words, proof of acceptance/enrollment at a post-secondary school must be submitted by April 17th . Failure to submit these documents or to complete all portions of this form (postmarked by April 17th) will result in disqualification. This application form may be photocopied. Neatly print or type the following:

PERSONAL INFORMATION				
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Last Name	First Name	Middle Initial	Home Phone	
Mailing Address	C	City		Zip
Home Address (if difference from	mailing address)			
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Name of Parent(s) or legal guardia	n	Parent/	'Guardian Occupation(s)	
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Date of Birth (month/Day/Year)	Place of Birth		Social Security Number (op	tional)
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Counting yourself, number of adu	its and children in your i	amily living at nome		
EDUCATIONAL INFORMATIO	N			
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Name of School presently attending	a.g		Telephone #	
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School Address			Anticipated Date of	f Graduation
Name of post-secondary institution	n to which you have been	accepted	Telephone #	
(attach proof of acceptar		P	r	
			1	
School Address			Anticipated Date of	f Graduation
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<u>A:</u>	High School	Accomplishments		
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APPLICANT AGREES to the use of educational, advertising and proming Programs without further compensations.	otional purposes for the			
The information contained on this evidenced by these signatures.	form and in the applicat	ion package is true an	d correct to the best of my k	knowledge as
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Applicant's Signature	/ Date	Parent's/Guard	ian's Signature	Date
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		Parent's /Guard	ian's Name (Printed)	
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^{*}The award money could be split between more than one applicant