

# Juanita Crippen Memorial Scholarship

## Application and Guidelines

**Purpose:** To recognize a senior high school student from a migrant farm worker family in **Franklin, St. Lawrence, or Clinton Counties in New York State** needing post-secondary scholarship assistance who has demonstrated a caring and giving attitude toward another individual or community with a \$500.00 scholarship.

**Application Process:** A completed application form must be submitted by **June 15**, accompanied by:

- **TWO (2) REFERENCE LETTERS-** please have a school representative (such as counselor, teacher, coach, or other) write a letter addressing your educational commitment, grades, etc. and supporting the need for financial assistance. A reference letter may not be written by you, anyone under 21 years of age, or anyone related to you or serving as a legal guardian.
- **PERSONAL INFORMATION-** write an essay (250-300 words). Juanita Crippen was a woman who always helped others. Include information about what service to others means to you and how you have benefited by assisting someone else. What did you learn from the experience?
- **PROOF OF ACCEPTANCE-** if you are not already enrolled in college, attach proof of acceptance.
- **PROOF OF MIGRANT EDUCATION ELIGIBILITY-** attach a copy of a Certificate of Eligibility (COE) showing qualifications as a migrant student during the past three years (or any time during high school).

### Submit completed application packet to:

Juanita Crippen Memorial Scholarship  
Northeast Migrant Education Program  
SUNY Potsdam  
Van Housen Hall Ext. 2<sup>nd</sup> Floor  
Potsdam, NY 13676

**DEADLINE is June 15.**

Juanita Crippen dedicated 25 years of her professional life to the education of migrant children with emphasis on elementary-aged migrant youth. Juanita has been a mentor, friend, and educator to countless young people. She was loved and respected by each of the youth she served. Whether in her professional role or her personal life, Juanita gave herself unselfishly without expectation of public recognition.

# Juanita Crippen Memorial Scholarship

## APPLICATION FORM

This form accompanied by at least two reference letters, a personal essay of 250-300 words, proof of acceptance/enrollment in a college and a copy of a Migrant Education Certificate of Eligibility (COE) must be submitted by **June 15**. Failure to submit these documents or to complete all portions of this form will result in disqualification. The application form may be photocopied. Neatly print or type.

### PERSONAL INFORMATION

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|           |            |                |            |
|-----------|------------|----------------|------------|
| Last Name | First Name | Middle Initial | Home Phone |
|-----------|------------|----------------|------------|

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|                 |      |       |     |
|-----------------|------|-------|-----|
| Mailing Address | City | State | Zip |
|-----------------|------|-------|-----|

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Home Address (if different from mailing address)

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|                                     |                               |
|-------------------------------------|-------------------------------|
| Name of parent(s) or legal guardian | Parent/guardian occupation(s) |
|-------------------------------------|-------------------------------|

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|                               |                |                        |
|-------------------------------|----------------|------------------------|
| Date of birth: month/day/year | Place of birth | Social Security Number |
|-------------------------------|----------------|------------------------|

Counting yourself, number of adults and children in your family living at home: \_\_\_\_\_

### EDUCATIONAL INFORMATION

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|                                    |           |
|------------------------------------|-----------|
| Name of school presently attending | Telephone |
|------------------------------------|-----------|

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|                |                                    |
|----------------|------------------------------------|
| School Address | Anticipated graduation date: _____ |
|----------------|------------------------------------|

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|   |           |
|---|-----------|
| Name of post-secondary institution to which you have been accepted (attach proof of acceptance) | Telephone |
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|                |                                    |
|----------------|------------------------------------|
| School Address | Anticipated graduation date: _____ |
|----------------|------------------------------------|

**APPLICANT AGREES** to the use of his/her name, photographs, and information contained in this application for educational, advertising and promotional purposes for the Juanita Crippen Memorial Scholarship and Migrant Education Programs without further compensation or notification.

The information contained in this form and in the application package is true and correct to the best of my knowledge as evidenced by these signatures.

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|                       |      |
|-----------------------|------|
| Applicant's Signature | Date |
|-----------------------|------|

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|---------------------------|------|
| Parent/Guardian Signature | Date |
|---------------------------|------|

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Parent/Guardian Name (printed)