

Guidance Office, Attn. Glenn Smith Newfane High School 1 Panther Drive Newfane, New York 14109

TO: High School Guidance Offices

RE: Elks Scholarship Contact Information

FROM: Elks Lodge #41 2023 Scholarship Chair

Linda Hatswell, 716-438-0853 leshat@yahoo.com

PLEASE NOTE CHANGES TO SCHOLARSHIP NAMES AND CRITERIA

— JOHN ZIEZIULA COMMUNITY SERVICE SCHOLARSHIP FOR DEGREE PROGRAMS IN LAW ENFORCEMENT, SOCIAL SERVICES, COMMUNITY MANAGEMENT, AND EMERGENCY AND MEDICAL SERVICES

— RODNEY CONRAD SR, MEMORIAL SCHOLARSHIP
FOR 4 YEAR DEGREE PROGRAMS IN EDUCATION, ENGINEERING, SCIENCES,
HUMANITIES, BUSINESS, ACCOUNTING, AND MATHEMATICS

MAIL Completed Applications

POSTMARKED BY APRIL 1, 2024 TO:

Elks Lodge #41 Scholarship Committee

6791 North Canal Road

Lockport, New York 14094







JOHN ZIEZIULA COMMUNITY SERVICE SCHOLARSHIP APPLICATION

FOR DEGREE PROGRAMS IN LAW ENFORCEMENT, SOCIAL SERVICES, COMMUNITY MANAGEMENT, AND EMERGENCY AND MEDICAL SERVICES

NAME		
		EMAIL
DATE OF BIRT	H	NUMBER OF SIBLINGS
NUMBER OF SI	BLINGS IN COLLEGI	<u> </u>
HIGH SCH	OOL INFORMA	ATION
SCHOOL NAME		
		GPA
	INFORMATIO	
COLLEGE NAM	E	
SCHOOLYEAR :	BEGINS	
THIS TERM I W	ILL BE A: FRESHMA	N SOPHOMORE JUNIOR SENIOR
BACKGRO	UND INFORMA	ATION
What is your cour	se of study and why did	l you choose to attend this college?
		

ACTIVITIES, HONORS, AND COMMUNITY SERVICE SCHOOL EXTRACURRICULAR ACTIVITIES YOU PARTICIPATED IN SCHOOL INTERNSHIPS OR LEADERSHIP POSITIONS YOU HELD HONORS YOU RECEIVED THE PAST 2 YEARS COMMUNITY SERVICE OUTSIDE OF SCHOOL **CURRENT EMPLOYMENT (where, number of hours, job description)**

ESSAY

300 words or less, type-written and double-spaced TOPIC: How will your education help you to make a difference in our world?

RECOMMENDATION LETTERS

Include 2 letters, written by teachers or responsible community members. Authors of the letters must not be related to you and must be signed and dated.

OFFICIAL TRANSCRIPTS OF GRADES

REQUIRED SIGNATURES

Applicants and Parents:

By signing this application, you agree, if asked, to provide additional information that will verify the accuracy of your completed application. If you purposely give false or misleading information, you will be disqualified from this grant program. Additionally, you agree to the use of your name and any information contained within the application for Elk advertising, promotional and publicity purposes without consent or compensation. Each scholarship is \$1,000.00 minimum. Payment of this scholarship will be based on educational invoices received by 10-1-2024. Scholarship recipients may apply annually for subsequent college year awards.

APPLICANT'S SIGNATURE	
PARENT'S SIGNATURE	
PARENT'S SIGNATURE	
APPLICANT CHECK LIST	
COMPLETED APPLICATION, SIGNED AND DATED	
ESSAY QUESTION	
TWO RECOMMENDATION LETTERS	
OFFICIAL TRANSCRIPTS OF GRADES	•

THIS APPLICATION MUST BE RECEIVED OR POSTMARKED NO LATER THAN APRIL 1, 2024

MAIL TO THE LOCKPORT ELKS #41 6791 NORTH CANAL ROAD, LOCKPORT, NEW YORK 14094