

Beatrice L. Williams Scholarship Fund

Scholarship Application Form

NOTE: In order to be eligible for this scholarship, you must attend Arkport, Avoca, Canisteo-Greenwood, Wayland-Cohocton, Hornell, or Jasper-Troupsburg school and have applied to Alfred State. Please print below and submit application and required materials by April 1.

1. Name: _____ Telephone: (____) _____ - _____
Address: _____ City: _____ Zip: _____
2. High School: _____ Expected Graduation Date: ____/____/____
3. Have you or will you be taking any college-level courses prior to high school graduation?
() Yes () No If yes, please list courses: _____

4. What are your educational and career plans?
(a.) At Alfred State College:
Have you been accepted? () Yes () No
What program of study? _____
(b.) After Alfred State College? _____

5. Will other members of your immediate family, living with you, be attending college full-time during the next school year? () Yes () No If yes, how many? _____
6. Are you currently employed?
Full-time () Yes () No OR Part-time () Yes () No Hours per week: _____
Employer Name: _____
Employer Address: _____
Employer Telephone: (____) _____ - _____
May the scholarship review committee contact your employer? () Yes () No
If no, why not? _____

7. Please list your major school activities in the last 3 years. **Please do not include activities related to sports.**
(a.) _____
(b.) _____
(c.) _____
(d.) _____
(e.) _____

(Application continued on reverse)

8. Please list your major community activities in the last 3 years. **Please do not include activities related to sports.**
- (a.) _____
- (b.) _____
- (c.) _____
- (d.) _____
9. Have a present teacher send a letter of recommendation to the address listed on the next page. This letter should tell us of your general attitude, current accomplishments, and the writer's estimate of your potential for success at college. **(Please ask that this individual not reference any activities or accomplishments related to sports.)**
10. Have one **additional** letter from a character reference sent to the address below. This should be from someone other than a relative and identify their relationship (connection) to you. **(Please ask that they not reference any activities related to sports.)**
11. In no more than two typed, double-spaced pages, please explain in your own words, your aspirations in life, including your background, school, community, and other activities. **Please do not include items related to sports.**

AFFIRMATION OF ACCURACY OF APPLICATION

The undersigned hereby affirms that the foregoing application for the *Beatrice L. Williams Scholarship* is true and correct and that any attachments hereto are authentic or true copies of such.

Signature of Applicant

Date

WE SUGGEST THAT BEFORE YOU MAIL THIS APPLICATION YOU MAKE A COPY FOR YOUR FILES.

Applications and all accompanying materials must be postmarked on or before **April 1, 2026**.

Mail to: Beatrice L. Williams Memorial Scholarship Fund
Office of Admissions
Alfred State College
10 Upper College Drive
Alfred NY 14802