

# THE SCHOHARIE ARC FOUNDATION JEAN EMERSON SCHOLARSHIP APPLICATION FORM

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

HIGH SCHOOL \_\_\_\_\_

COLLEGE \_\_\_\_\_ FIELD OF STUDY \_\_\_\_\_

## WORK EXPERIENCE

EMPLOYER	JOB	DATE OF EMPLOYMENT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## VOLUNTEER EXPERIENCE

ORGANIZATION	DUTIES	DATES VOLUNTEERED
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Please feel free to attach additional sheets as needed. Resumes are encouraged)

**Return completed application and application requirements to:**

*SCHOHARIE ARC JEAN EMERSON SCHOLARSHIP PROGRAM,  
P.O. Box 307,  
SCHOHARIE COUNTY, NY 12157.*

**Deadline is the FIRST Friday in May (May 3, 2019)**

Sponsored by



**Schoharie Arc**  
FOUNDATION

