

The Helen G. Schuyler Scholarship

Completed applications must be returned to the Foundation office post marked by
March 6, 2020

Last Name First Name MI

Address City, State, Zip Phone

E-mail address

High School (Steuben County) School District

Guidance Counselor's name Guidance Counselor's e-mail

Field of study you plan to pursue: _____
Name(s) of institution(s) to which you have applied and indicate those to which you have been accepted:

Housing plans: On Campus _____ Off-campus _____

What are your career goals?

Please attach the following application components:

TRANSCRIPT

Please attach a copy of your transcript that includes class rank, GPA, SAT or ACT score.

REFERENCE

Please provide the Foundation with a single reference from an art teacher. Avoid reference letters that are too vague, generic or written for a purpose other than securing the Helen Schuyler Scholarship. Your reference must be attached to your application.

PORTFOLIO

For the purposes of this award, fine art is defined as all visual art endeavors including painting, drawing, sculpture, photography, and originally created computer-generated imagery. Decorative art studies include, but are not limited to textiles, interior design, tapestry, pottery, and glassmaking.

Please use one (and only one) of the following methods to submit your work for review:

CD ROM/Flash Drive

A maximum of 8 (16 for three dimensional work) jpeg images may be submitted for review. Submit on a CDR IBM compatible disc, in order. Title each image on the disc. Provide one copy of an image list on one 8½" x 11" sheet with a description of the image (photo, watercolor, etc...)

DVD

A maximum of 10 minutes will be viewed by the gallery committee. Your tape or DVD may be a compilation tape, but one full-length piece must be present.

PRINTS (ONLY PHOTOGRAPHY)

Prints up to 11X14 will be accepted. A maximum of 8 matted prints may be submitted for review.

CERTIFICATION

I hereby affirm that the information on this form is true and complete to the best of my knowledge. I am aware of the conditions under which the awards are made and promise to inform the Community Foundation of Elmira-Corning and the Finger Lakes, Inc. of any change in circumstances.

I hereby authorize the Community Foundation of Elmira-Corning and the Finger Lakes, Inc. to share this information with members of the Selection Committee.

Applicant's Signature

Parent or Guardian's Signature

Date _____

Date _____

If you have any questions, please contact Katie McConville at cmm@communityfund.org or 607-739-3900.

Please return to: The Community Foundation
 301 S. Main St.
 Horseheads, NY 14845

****Most scholarship recipients will be announced by the middle of May via mail. If you are not chosen as a recipient, you will receive an e-mail after June 20th. We do this because some of our scholarships are announced at graduation ceremonies.***