

# LEO AND ELIZABETH CURTIN FOX MEMORIAL SCHOLARSHIP APPLICATION FORM

This scholarship was established in 1997. First preference for awards will be given to an employee of any Fox dealership, second to their children or grandchildren, and third to a student with financial need residing in Cayuga or Oswego Counties. To be eligible for this scholarship, the applicant must have applied and been formally accepted to attend Cayuga Community College, filed a Free Application for Federal Student Aid (FAFSA) and have submitted this information to the Financial Aid Office at Cayuga Community College. The application deadline is May 1 of the year in which the applicant is planning to attend. Application forms are available from the office of Financial Aid of Cayuga Community College or The Cayuga County Community College Foundation, Inc.

**Instructions: Please fill in the following information as completely as possible.**

Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Applicant's C number: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Semester for which applicant is requesting consideration: Fall \_\_\_\_\_ and/or Spring \_\_\_\_\_

Credits completed to date: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_

*If applicant is not an employee of Fox, but the child or grandchild of an employee, please provide the following information:*

Employee's Name: \_\_\_\_\_

Employee's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship of Applicant to Employee: \_\_\_\_\_ Child \_\_\_\_\_ Grandchild

## Authorizations

I hereby authorize the Scholarship Committee designated to select an awardee for the Leo and Elizabeth Curtin Fox Memorial Scholarship Fund to review confidential financial information and academic records on file at Cayuga Community College in order to further determine my eligibility for this award. I understand that this information will be kept strictly confidential by the Committee. I also certify that all the information provided above is accurate to the best of my knowledge.

Signature of Applicant \_\_\_\_\_

**To be signed by Fox Payroll Manager:**

*I hereby certify that the scholarship applicant is an employee or a child/grandchild of an employee currently employed by Fox.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please mail the completed scholarship application form by May 1 to:*

The Cayuga County Community College Foundation, Inc.  
197 Franklin Street  
Auburn, New York 13021