TESTA FAMILY SCHOLARSHIP
APPLICATION FORM

INFORMATION
This scholarship was initially established in memory of Sam Testa, who was a longtime member of the community and the Auburn Police Department. He was an exemplary policeman, and his family wished to honor his years of service and to provide for a student following in his footsteps.

Interested candidates are required to complete the information requested on this form and submit it for consideration to:

The Cayuga County Community College Foundation, Inc.
197 Franklin Street
Auburn, New York 13021-3099

ELIGIBILITY
To be eligible for consideration, applicants must meet the following criteria:
1. Must be enrolled on a full-time basis as a returning sophomore in the Criminal Justice program who is planning a career in criminal justice.
2. Preference will be given to students with a minimum GPA of 3.0 and who give evidence of participation in community service and volunteerism.

DEADLINE FOR APPLICATION
The application deadline is May 1 of the year in which the applicant plans to attend.

INSTRUCTIONS
Please complete the following information:

Applicant’s Name _____________________________________________________________________
Last Name __________________________________________________________________________
First Name __________________________________________________________________________
Middle Initial ________________________________________________________________________
Street _______________________________________________________________________________
City ________________________________________ State _______________ Zip __________
Phone ____________________ Applicant’s C number: ____________________
Major Field of Study _________________________________________________________________ GPA __________
Community Service and Volunteerism____________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
Authorization:
I waive my rights to privacy insofar as I authorize the committee to access my academic records from the Cayuga Community College Registrar’s Office.

Signature of Applicant______________________________________ Date _____________________