

**SYLVANIA-GTE-PHILIPS  
EMPLOYEE ASSOCIATION SCHOLARSHIP  
APPLICATION FORM**

This scholarship was established in 1989 by the Philips Display Components Employee Association of Seneca Falls, NY. First preference for awards will be given to a former employee of Sylvania/GTE/Philips (Seneca Falls plant), second is to their children and third is to the general public.

If the applicant is currently enrolled at Cayuga Community College, he or she must have a minimum GPA of 2.0 to be eligible for consideration.

**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 #: \_\_\_\_\_

Former Employee of Sylvania/GTE/Philips at Seneca Falls Plant, Seneca Falls, NY? \_\_\_ Yes \_\_\_ No

Dates Employed: \_\_\_\_\_ (month/day/year) to \_\_\_\_\_ (month/day/year)

*If applicant is not a former employee of Sylvania/GTE/Philips, but the son or daughter of a former employee, please provide the following information:*

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

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

Dates Employed: \_\_\_\_\_ (month/day/year) to \_\_\_\_\_ (month/day/year)

Relationship of Applicant to Former Employee: \_\_\_\_\_ Daughter \_\_\_\_\_ Son

Semester for which applicant is requesting consideration: Fall 20\_\_\_\_ and/or Spring 20\_\_\_\_

Credits completed to date: \_\_\_\_\_

Cumulative GPA: \_\_\_\_\_

I certify that all the information provided above is accurate to the best of my knowledge.

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

**Please mail the completed Scholarship Application Form to:**

**The Cayuga County Community College Foundation, Inc.  
197 Franklin Street  
Auburn, NY 13021**