

Tioga Central School

Tioga Center, NY 13845

Colleen Chamberlain Scholarship

Student Name: _____

Address: _____

Phone: _____

Social Security #: _____

I've been accepted at the following college: _____

Area of Study: _____

If you do not finish school, quit or stop attending, you must return the full scholarship amount to the fund within 90 days.

Student signature: _____ Date: _____

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Please answer the following. You may use a separate piece of paper.

Please describe any community service you have participated in:

Please explain to us why you would like to receive Colleen's award:

Thank you for your interest. Patty Chamberlain, Kyle, Brian and Eric Chamberlain

DUE BACK IN THE HIGH SCHOOL OFFICE BY: _____