



Bill Davis Scholarship Application

Bill worked for many years as a local pharmacist going out of his way to meet the needs of his customers. He was known as being always on a first name basis with them and often delivered prescriptions when needed, often delivering prescriptions when a child needed on a snowy night. He would mail prescriptions to patients who were wintering in the south so they didn't have to deal with unfamiliar pharmacies. He always inquired as to how his customers were doing and often made them laugh.

Eligibility Criteria and Check List:

- Graduating senior from Owego-Apalachin High School.
- Accepted into an accredited university or college (4yr. preferred, but open to 2 yr.).
- The Science Department will recommend a student(s) who demonstrates excellence in science, who has good communication and interpersonal skills, and who intends to major in a health care field.
- Students will have at least a 90% average or higher in Science.
- Student must have demonstrated financial need.
- Please provide your GPA in science.

Please see your Guidance office for deadlines.



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Type or print neatly in black or blue ink. Only complete applications will be considered.

Personal Information:

Last Name		First Name			MI	
Street Address				Apt. /Unit Number		
City	State	Zip Code	Home Phone	Cell Phone		
Sex: M	F	Date of Birth: ____ / ____ / ____				
		MM	DD	YYYY	Name of High School	Date of Graduation

E-mail Address

Parental Information:

Father's Last Name		First Name			MI
(If different) Street Address		Apt. /Unit Number		Best Email Address	
City	State	Zip Code	Best Available Phone Number		
Name of Employer			Employed Since		
Mother's Last N		First Name			MI
(If different) Street Address		Apt. /Unit Number		Best Email Address	
City	State	Zip Code	Best Available Phone Number		
Name of Employer			Employed Since		

Employment Information:

Do you currently have a part-time job? Y N If yes: _____
Position

Name of Employer Employer's Phone Number



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School Based Information:

Major Field of study in college: _____

Name of college, university or technical school you will attend:

G.P.A. _____ SAT Score _____ or ACT Score _____.

Class Rank _____ of # students _____.

Financial Information:

Please enter your Expected Family Contribution (EFC) number that can be found on the top of your Student Aid Report (SAR), which is generated after completing your Free Application for Federal Student Aid Form (FAFSA): _____. If this number is not available at the time of submitting the application, please provide details as to the status of FAFSA. Please notify your guidance office when the number becomes available.

Number of Dependents in Family _____ Number of other siblings in College _____

I attest that all personal data included within this application is truthful and in no way misleading. All contents have been completed entirely by me (the applicant) to the best of my knowledge.

If I am selected as a recipient of a Community Foundation for the Twin Tiers scholarship, I agree to permit the Foundation to confer with my school to verify my continuing enrollment during the term of my scholarship.

I also agree that my name and photograph can be used in announcements made by the Community Foundation for the Twin tiers regarding the particular scholarship (s) for which I have been awarded.

I also agree that by signing this I permit my school to give the Community Foundation for the Twin Tiers information regarding my SAT scores, current GPA and class rank.

Awards may be used at any accredited, nonprofit college or university within the United States.

Signature of Applicant

Date of Signature