



## Dr. Harry S. Williams Memorial Scholarship

Dr. Harry Williams was a prominent Elkland physician for 50 years. He established his practice in Elkland in 1930 after graduating from Jefferson Medical College in Philadelphia and internship at Robert Packer Hospital in Sayre. He also received his bachelor's degree from Bucknell University.

Dr. Williams served as the coroner for Tioga County for 34 years and was president of the Pennsylvania Coroners Association from 1968 to 1970.

### Eligibility Criteria:

- Graduating senior from Cowanesque Valley Junior Senior High School and Williamson Senior High School. (one student from each school)
- Accepted into an accredited university or college.
- Essay (200-250 word doubled spaced) on what makes you an excellent candidate to pursue a degree in the medical field.
- Attach a transcript of your grades with this application.
- Must be pursuing a career in the medical field.
- Attach two letters of recommendation (at least one from a teacher).

Please see your guidance offices for deadlines.



Dr. Harry S. Williams Memorial Scholarship Application

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: ____/____/____	Name of High School	Date of Graduation
		MM/ DD/ YYYY		

E-mail Address

**Parental Information:**

Father's Last Name		First Name		MI
(If different) Street Address	Apt. /Unit Number		Email Address	
City	State	Zip Code	Best Available Phone Number	
Name of Employer			Employed Since	
Mother's Last Name		First Name		MI
(If different) Street Address	Apt. /Unit Number		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 the college or university you will attend:

\_\_\_\_\_

G.P.A. \_\_\_\_\_ SAT Score \_\_\_\_\_ or ACT Score \_\_\_\_\_

Class Rank \_\_\_\_\_ of \_\_\_\_\_ # students.

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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