

Gerald F. Duffee, Sr. Scholarship Application

Mr. Duffy was a teacher and principal of Austin High School. The Fund was established in his memory by family and friends. Applicants must be Austin High School seniors pursuing a degree in education and actively involved in extracurricular activities and volunteerism

Eligibility Criteria:

- Graduating senior from Austin High School.
- Accepted into a two or four year accredited trade school, college, or university.
- Essay (200-250 words double spaced) on why I would be an excellent candidate for this scholarship and my future goals.
- Copy of GPA from grade 9 to the first half of grade 12.
- Pursuing a degree in education is priority (secondary field is open).
- Please provide a list of school based activities (including leadership positions, clubs and athletics) as well as community volunteer activities and the number of months or years.

Please see your guidance office for deadlines.



Gerald F. Duffee, Sr. Scholarship Application

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

Personal Information:

Last Name	me First Name				MI	
Street Address					Apt. /Unit Number	
City	State	Zip Code	Hom	e Phone	Cell Phone	
Sex: M F Date of Birth:	/_ MM/DD/		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			Email Address		
City	State	State Zip Code		Best Available Phone Number		
Name of Employer				Employed S	Since	
Mother's Last Name		First Name			MI	
(If different) Street Address	Apt.	Apt. /Unit Number		Email Address		
City	State	Zip C	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			



Gerald F Duffee, Sr Scholarship Application

School Based Information: Major Field of study in college: Name of the college, university or technical school you are attending or will attend: G.P.A._____ SAT Score _____ or ACT Score _____ Class Rank _____ of ____ # students. 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 score, 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