



Victor and Carla Ross Scholarship Application

Carla Ross and the family and friends of Victor Ross established this scholarship fund with the Community Foundation for the Twin Tiers.

Scholarship is given to the same student for two or four years depending on whether the student will receive an associate's or bachelor's degree upon graduation. The student must maintain at least a C average while in college to be eligible for subsequent year grants. A transcript of the student's grades must be sent to CFTT before a second year grant will be awarded to the student. All grants awarded will be sent directly to the college the student is enrolled in.

Eligibility Criteria:

- Graduating senior from any of the following schools in Bradford County: Athens Area High School, Canton Area High School, Northeast Bradford Area High School, Sayre Area High School, Towanda Area High School, Troy Area High School or Wyalusing Area High School.
- Accepted into an accredited two or four-year college or university in the United States.
- Write an essay of 250-500 words, double spaced that describes areas in your life where you have demonstrated leadership and overcame obstacles either through your school, social, or family life. While you can certainly write about an experience that has had a profound effect on your life, it is important to remember that we are not evaluating you based upon the seriousness of the obstacle you overcame. The goal of the essay is to show us that you have intelligence and fortitude to handle challenges that come your way.
- Preference for 1st generation going to college.
- Student must have demonstrated financial need.

Please E-mail your application in Word or PDF form to: scole@twintierscf.org no later than Thursday, April 1, 2021 by 5:00 pm. Or mail to Community Foundation for the Twin Tiers, 104 W. Lockhart St, Sayre, PA 18840. Mailed application must be postmarked no later than Thursday, April 1, 2021.



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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	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:

Are you the first generation to attend college in your family? Yes No

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