

APPLICATIONS DUE ON:
April 27, 2020

A

NDREW D. ROSSETTI SCHOLARSHIP AWARD

Application Form

Who Can Apply?

The Andrew D. Rossetti Scholarship Fund was created to honor the late Dr. Andrew Rossetti, who was District Superintendent of Madison-Oneida BOCES from 1973 to 1984.

Scholarships are available to high school seniors from Madison-Oneida BOCES component districts who plan a career in teaching. Applicants must be planning to enroll in a teacher preparation program of an accredited post-secondary institution, or in a two-year program with a demonstrated commitment to completing a four-year program of teacher education.

For more information, see your school counselor.

Instructions for Completing this Application

- ◆ Complete the Applicant Information section below, and the Work Experience, Activities, Financial Awards, and Essay sections inside.
REMINDER: Sign your name!
- ◆ Ask someone who knows you well to complete the Applicant Appraisal section on the back page. The person who completes this section should preferably be your school counselor or a teacher, but it could also be an employer, clergy member, or professional member of the community.
- ◆ Ask your school counselor to complete the Transcript Information section on the back page.
REMINDER: Your transcript must be attached to your application!
- ◆ Your school counselor should then submit your application, with your transcript attached, to: The Andrew D. Rossetti Scholarship Fund • P.O. Box 207 • Verona, NY 13478
REMINDER: You are responsible for submitting all required documents by the Scholarship deadline. See your school counselor for more information.

Applicant Information (please print)

Name _____
(last) *(first)* *(middle initial)*

Permanent Address _____
(city) *(state)* *(zip)*

Date of Birth _____ Telephone Number _____

Name of Parent/Guardian _____

High School _____ Expected Graduation Date _____

I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in termination of any scholarship grant.

Applicant's Signature _____ Date _____

Applicant Appraisal

To be completed by a school counselor, teacher, employer, or someone who is familiar with the applicant's abilities.

The applicant's achievements reflect his/her ability	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> well	<input type="checkbox"/> not well
The applicant's ability to set realistic and attainable goals is	<input type="checkbox"/> excellent	<input type="checkbox"/> very good	<input type="checkbox"/> good	<input type="checkbox"/> not good
The quality of the applicant's commitment to school and community is	<input type="checkbox"/> excellent	<input type="checkbox"/> very good	<input type="checkbox"/> good	<input type="checkbox"/> not good
The applicant's choice of a post-secondary education program is	<input type="checkbox"/> excellent	<input type="checkbox"/> very good	<input type="checkbox"/> good	<input type="checkbox"/> not good
The applicant's commitment to and potential success in a teaching career is	<input type="checkbox"/> excellent	<input type="checkbox"/> very good	<input type="checkbox"/> good	<input type="checkbox"/> not good

Comments

Please refer to the student by "his" or "her" and "he" or "she." This helps to ensure anonymity since the student's name will be blocked out during the screening process. _____

Your name (please print) _____ Title _____

Signature _____ Telephone Number _____

Transcription Information

To be completed by the applicant's school counselor.

Applicant ranks _____ in a class of _____ Cumulative grade point average _____

Your name (please print) _____ District _____

Signature _____ Telephone Number _____

NOTE TO SCHOOL COUNSELOR: Please submit the completed Application Form no later than April 27, 2020 with the applicant's transcript to:

The Andrew D. Rossetti Scholarship Fund
P.O. Box 207
Verona, NY 13478
(315) 361-5510