TONHH to Assign: Blind	Code: 2025	-

t I	Personal Infor	mation to be	completed by ap	plicant	
1	Name				
		First, MI, La	st		
2	Home Address	Charach		C'L	Class 71D
		Street		City	State ZIP
3	Date of Birth:	mm/dd/yyy	V		
4	Sex:		•		
	Phone:			<del></del>	
5					
6	Email:				
7	Name of Father / G	Guardian			
	Name of Mother /	Guardian			
8	Address if different	t than above:			
9	Total # of children	in family:	At Home:	In College:	Working, etc:
	re			s I and II with essay then ce by <b>Monday, January 6, 2</b>	2025.
10					
	Signature of Applic	ant			Date

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Part II	NOTE: Please DO NOT identify yourself by name on Parts II, III, and essay.		
11	Name and address of High School		
12	Graduation Date:		
13	Special Honors, Awards earned, and Extracurricular Activity performed during your high school career:		
14	Community Service performed outside of school activities:		
15	Attach your typed and double spaced 500-word essay to this page.		

Part III	NOTE: To be completed by the School Guidance Counselor or Administrator		
16	Present Class Rank:	GPA:	
		Student / Total # Students	
17		ne College or University applicant has been accepted identify student by name of this form.	l into.
18	Attach applicant's colleg	ge acceptance letter to this Part III. If necessary, app	olicant name will be blocked.
19	Signature & Title of Sch	ool Official	Date
	Signature & Title of Schi	JOI Official	Date

Counselors: \*\*\* PLEASE NOTE \*\*\* The 2025 Town of Niagara Helping Hands Scholarship Committee reserves the right to reject any application that does not provide information as requested.

Please be sure you review each application before contacting Christina Kramp (716.523.7769) for pick-up of applications.