

Queensbury Community Scholarship Association

Vocational Training Scholarship Application

Personal Information			
Name (Last, First, MI)		Date of Birth	
Street or Mailing Address	City	State	Zip
Permanent Address (If different from above)			
Phone Number		email address	
High School Attended / Highest level of education completed		Date Completed	
Program Information			
Title of program			
Location of program			
Start date of program		Cost of program	
References			
(Individuals who can attest to your desire to pursue the program in which you plan to enroll.)			
Name (Last, First)	Phone Number	Relationship	
Name (Last, First)	Phone Number	Relationship	

Briefly describe how and/or where you hope to use this training for your career of choice. Please feel free to attach an additional page if necessary.

Have you previously applied for this scholarship? Yes No
If yes, did you receive an award? Yes No

Have you applied for any other scholarships? Yes No
If yes, which one(s) and what is the award amount?

In submitting this application, I certify that the information provided herein is complete and accurate to the best of my knowledge. Falsification of information may result in termination of any scholarship granted.

Applicant's Signature

Date

Completed application can be mailed to:
QCSA, P.O. Box 4083, Queensbury, NY 12804

-or-

Scan completed application and submit by to Doneill@queensburyschool.org

Notification of scholarship award will be made from the QCSA ARPA committee by email and phone to the address/number listed on the application.

PHOTO OPT OUT

ONLY COMPLETE THIS SECTION IF YOU DO NOT WANT YOUR PHOTO/IMAGE TO BE USED IN QCSA PUBLICATIONS:

*The QCSA often showcases Queensbury student photographs for use in various **Queensbury Community Scholarship Association (QCSA)** publications, social media, public affairs announcements, scholarship materials, or the QCSA Website. However, we recognize that some may **object** to the use of their photo. If you do **not** want your photo used or publicized by the QCSA, please sign below. The absence of a signature, in essence, grants the QCSA organization permission to use student photographs for the sole purposes as described above.*

Student Signature

Date Signed

Signature of Parent or Guardian (If student is under 18 years of age)

Date Signed