

**2015**  
***Honigsbaum-Caplan-Bensley***  
***Scholarship Packet***

***Deadline: October 1, 2015***



Community Foundation of Orange and Sullivan  
30 Scott's Corners Drive, Suite 203  
Montgomery, NY 12549  
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COMMUNITY FOUNDATION OF ORANGE AND SULLIVAN

**SCHOLARSHIP APPLICATION**

for the

**Honigsbaum-Caplan-Bensley Fund**

**Criteria for the *Honigsbaum-Caplan-Bensley Fund* Scholarship:**

- 1) High school graduating student or current full-time college student with a cumulative average of 3.6
- 2) U.S. citizen or foreign born non U.S. citizen intent on becoming U.S. citizen
- 3) Pursuing full-time higher education
- 4) In need of emergency financial assistance who has exhausted all other avenues of financial assistance
- 5) Student must exhibit the values and life skills necessary for productive citizenship, and will have shown an ability to develop their potential for success in business, academia, government and/or any other category. The scholarship may be used for tuition and college fees, books, transportation, housing, food, and living expenses.
- 6) Ultimate goal of the *Honigsbaum-Caplan-Bensley Fund*: that students who are recipients of grants from this fund will help self-perpetuate the *Honigsbaum-Caplan-Bensley Fund* by either striving to raise additional money for the Fund or by making their own donations to it once they have achieved their education and financial independence.

**Send completed application and any accompanying documentation by no later than OCTOBER 1, 2015 to:**

Community Foundation of Orange and Sullivan  
Attn: Honigsbaum-Caplan-Bensley Fund  
30 Scott's Corners Drive, Suite 203  
Montgomery, NY 12549  
(Tel: 845-769-9393)  
[admin@cfosny.org](mailto:admin@cfosny.org)

(Type or print all information. Do not cut and paste or tape information.)

DATE: \_\_\_\_\_

**APPLICANT DATA**

NAME Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

PERMANENT MAILING ADDRESS:

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email Address \_\_\_\_\_

Are you a United States Citizen?  YES  NO  MALE  FEMALE

Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_

Ethnic/Racial Group  African American  American Indian  Asian or Pacific Islander  Caucasian  
 Hispanic  Other

Name of High School \_\_\_\_\_

Name of College or University \_\_\_\_\_

Name of Graduate School \_\_\_\_\_

How many of your family members will or have attended college full- or half-time during the upcoming school year? \_\_\_\_

### **PARENT(S) OR GUARDIAN DATA**

Name of Parent(s) or Guardian

Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_ Address \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_ Employer \_\_\_\_\_

Position \_\_\_\_\_ Position \_\_\_\_\_ Position \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

### **POST SECONDARY DATA**

Declared (or intended) major \_\_\_\_\_

Name of college, university or graduate school you plan to attend. List schools in which applications for admission have been sent.

1<sup>st</sup> Choice \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Accepted?  YES  PENDING

2<sup>nd</sup> Choice \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Accepted?  YES  PENDING

Where do you plan to live?  ON CAMPUS  OFF CAMPUS  COMMUTE FROM HOME

How did you learn of this scholarship? \_\_\_\_\_

## FUTURE GOALS AND ASPIRATIONS

Please give a brief description of your future goals and/or aspirations? If you are not a U.S. citizen, do you intend to apply for U.S. citizenship?

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## GOAL OF HONIGSBAUM-CAPLAN-BENSLEY FUND

The ultimate goal of the Honigsbaum-Caplan-Bensley Fund is that students who are recipients of grants/scholarships from this fund will help self-perpetuate the Honigsbaum-Caplan-Bensley Fund by either striving to raise additional money for the Foundation, or by making their own donations to it once they have achieved their education and financial independence. Will you assist in this way after you have achieved your education and financial independence? Please share your thoughts.

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## ESSAY

On a separate piece of paper, please provide a one-sided one-page only typed essay describing your educational goals, your personal goals, and your leadership traits. You may also report any unusual family or personal circumstances you feel warrant attention.

## WORK EXPERIENCE

Please describe your work experience during the past 4 years. Indicate dates of employment in each job and approximate number of hours worked each week. List total amounts earned at each job.

Company/Position	Date From (mo/yr)	Date To (mo/yr)	Total Months	Hours Per Week	Amount Earned
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

## LEADERSHIP EXPERIENCE OUTSIDE OF SCHOOL

Please outline your activities during the past 4 years that illustrate your experiences outside of the school setting which emphasize your leadership abilities.

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## PARENT FINANCIAL ASSISTANCE INFORMATION

You must include pages one and two of your parent's or legal guardian's income tax return for the prior year (IRS-Form 1040). If the student is not a dependent, then the student must submit a completed and filed tax return for the prior year. If the return was e-files, you must include your receipt, NOT your W-2 Form. If you or your parent/guardian has not yet filed an income tax return for the prior year, you may submit the most recently filed return, with an explanation of any substantial changes. If for any reason your parent/guardian is not required to file IRS-Form 1040, you must include a copy of your/their W-2 Form for the prior year. If you or your parent/guardian received social security benefits or welfare benefits (including TANF payments) during the prior year, you must provide documentation of benefits received.

If you have completed the Free Application for Federal Student Aid and have received a Student Aid Report (SAR), please enter the Estimated Family Contribution (EFC) here: \$\_\_\_\_\_.

Have you been notified of any Federal or institutional financial aid that will be provided to you? \_\_\_\_\_

If yes, from which source and for what amount? \_\_\_\_\_

Please list below the name and amount of any grants or scholarships that you have been awarded for the coming school year and any other local or national nominations. You may attach a separate sheet of paper for this section.

Name of Award	Amount	Granted	Pending
_____	\$_____	_____	_____
_____	\$_____	_____	_____
_____	\$_____	_____	_____
_____	\$_____	_____	_____
_____	\$_____	_____	_____

## ACTIVITIES, AWARDS AND HONORS

List all school activities in which you have participate in during the past 4 years (i.e., student government, athletics, band, chorus, etc.) List all community activities in which you have participated without pay during the past 4 years (i.e., Red Cross, hospital volunteer, church work) which are not itemized under Leadership Experience in the foregoing sections of this application. Indicate all special awards, honors and offices held. Separate high school, college and graduate program activities. You must use this form only to report your extracurricular activities. If you need to attach a second page, it must be in this same format.

<b>Activity</b>	<b>Circle school year</b>	<b>College</b>	<b>Grad School</b>	<b>Special Awards/Honors</b>	<b>Leader's Name</b>
	9 <sup>th</sup> 10 <sup>th</sup> 11 <sup>th</sup> 12 <sup>th</sup>				
	9 <sup>th</sup> 10 <sup>th</sup> 11 <sup>th</sup> 12 <sup>th</sup>				
	9 <sup>th</sup> 10 <sup>th</sup> 11 <sup>th</sup> 12 <sup>th</sup>				
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	9 <sup>th</sup> 10 <sup>th</sup> 11 <sup>th</sup> 12 <sup>th</sup>				

## APPLICANT RECOMMENDATION

Submit recommendations on your behalf from two people who are not related to you. These letters must be signed, dated and submitted with your completed application.

## TRANSCRIPT INFORMATION

High School seniors *must* include their official high school transcript. The transcript must show the applicant's class rank, weighted and unweighted cumulative grade point average (GPA) and standardized test scores (SAT/ACT). College and/or university and/or graduate school students must include their official transcripts including class rank (if available), cumulative grade point average, and the results of any standardized test scores. **ONLY AN OFFICIAL TRANSCRIPT WITH THE SCHOOL SEAL AND SIGNED BY A SCHOOL REPRESENTATIVE WILL BE ACCEPTED.** Applications received without an official transcript will NOT be considered.

## APPLICATION CHECKLIST

**Be sure your application is complete. Your application will NOT be reviewed if any of the following information is missing. This application for student aid becomes complete and valid ONLY when you have submitted the following materials:**

\_\_\_ Completed, signed scholarship application

\_\_\_ Essay as described in application

**CERTIFICATION AND SIGNATURE**

**All of the information on this form and the accompanying material is true and complete to the best of my knowledge. If requested, I agree to provide proof of the information that I have state on this application form. FALSIFICATION OF INFORMATION MAY RESULT IN TERMIANTION OF ANY SCHOLARSHIP GRANTED. THIS APPLICATION BECOMES THE PROPERTY OF THE HONIGSBAUM-CAPLAN-BENSLEY FUND (Community Foundation of Orange and Sullivan).**

**Applicant's signature** \_\_\_\_\_ **Date**\_\_\_\_\_