



**JAMESTOWN COMMUNITY COLLEGE**

# Scholarship Application 2010– 2011

- Start the financial aid process by filing the Free Application for Federal Student Aid (FAFSA) at [www.fafsa.gov](http://www.fafsa.gov)
- Complete the JCC Admissions application at [www.sunyjcc.edu](http://www.sunyjcc.edu)
- File all state aid applications.
  - NYS students: **TAP** for full-time, or **Aid for Part-Time Study**
  - PA students: **PHEAA** (only for students attending Warren or Jamestown sites)
- Complete and submit this application to the financial aid office. Only one application is needed for the 2010-2011 academic year.

**PREFERENCE GIVEN TO THOSE FILING THEIR 2010-2011 FAFSA  
AND SUBMITTING THIS APPLICATION BY  
MARCH 1, 2010.**

*This single application serves to apply for any scholarship listed below for which the student meets eligibility criteria:*

Empire State Diversity Honors Scholarship  
Hestia Fund  
Curtis D. Johnson Jr. Memorial Scholarship  
New York Firefighter Foundation Scholarship  
Post-Journal Scholarship  
Clara M. Savaree Memorial Scholarship  
John and Lena Sinatra Memorial Soap Box Derby Fund  
Thomas Trusso, Sr. & Roger Loop Memorial Scholarship

*Students selected for a JCC scholarship will be notified in writing.*

FOR MORE INFORMATION ON THESE AND OTHER SCHOLARSHIPS PLEASE REFER TO OUR WEBSITE AT [WWW.SUNYJCC.EDU](http://WWW.SUNYJCC.EDU).

## **RETURN TO JCC'S FINANCIAL AID OFFICE**

**Jamestown, North County and Warren Center students submit to:** JCC Financial Aid Office ▪ PO Box 20 ▪ Jamestown, NY 14701-0020

**Cattaraugus County Campus students submit to:** JCC Financial Aid Office ▪ 260 N Union Street ▪ Olean, NY 14760-5901

**Jamestown Financial Aid: 716-339-1009 or 1-800-388-8557 ▪ Olean Financial Aid: 716-376-7512 or 1-800-388-9776**

# Jamestown Community College 2010-2011 Scholarship Application

Name: \_\_\_\_\_ JCC ID#: J \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Career/Occupational Goal: \_\_\_\_\_

Do you have children? \_\_\_\_\_ Ages of your children \_\_\_\_\_

Are you a dependent of a NYS policeman or firefighter killed or disabled in the line of duty? \_\_\_\_\_

Are you, or your parents, employed by the City of Jamestown? \_\_\_\_\_

Have you participated in a Soap Box Derby? \_\_\_\_\_ If yes, where and what year? \_\_\_\_\_

*List any volunteer and/or community service activities:*

<b>Year</b>	<b>Activity</b>	<b>Position held</b>
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*In the space below, please describe your academic plans and how they will assist you in the pursuit of your personal and professional goals:*


*The information presented by myself in this application is true to the best of my knowledge.*

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date