

*THE CLARK FOUNDATION*  
*SCHOLARSHIP OFFICE*  
P.O. Box 427, Cooperstown, New York 13326  
[office@clarkscholarship.org](mailto:office@clarkscholarship.org)

**APPLICATION FOR RENEWAL OF SCHOLARSHIP**

I, \_\_\_\_\_, hereby make application for renewal of my scholarship.  
(Clearly print name)  
I will be enrolled as a \_\_\_\_\_ at \_\_\_\_\_.  
(Sophomore, Junior, Senior, etc.) (Name and Address of College)

To estimate your financial need for one year or semester of college, use the following schedule and give as much additional information as required.

**ESTIMATED EXPENSES:**

Tuition \$ \_\_\_\_\_  
Room and Board \_\_\_\_\_  
Travel \_\_\_\_\_  
Other Expenses (please specify) \_\_\_\_\_

**Total Estimated Expenses: \$** \_\_\_\_\_

**ESTIMATED INCOME:**

Savings (amount to be applied to renewal year) \$ \_\_\_\_\_  
Earning from summer employment \_\_\_\_\_  
Earning during college year \_\_\_\_\_  
Parent Contribution \_\_\_\_\_  
N.Y. S. Tuition Assistance Program (TAP) \_\_\_\_\_  
Basic Educational Opportunity Grant (PELL) \_\_\_\_\_  
College Scholarship \_\_\_\_\_  
Other Scholarships (please specify) \_\_\_\_\_  
  
Planned Loan (if any) \_\_\_\_\_  
Name of Lender: \_\_\_\_\_

**Total Estimated Income: \$** \_\_\_\_\_

**Net Estimated Need for the Year: \$** \_\_\_\_\_

**What is the total amount of your educational loans to date \$** \_\_\_\_\_  
**Name of Lender:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Applicant Cell Phone Number**

\_\_\_\_\_  
**Home Mailing Address**

\_\_\_\_\_  
**Applicant e-mail Address**

\_\_\_\_\_  
**Home Phone Number**