

RENEWAL FORM 19 Main Street, P.O. Box 427, Cooperstown, NY 13326 (607) 547-9927 phone, (607) 547-8598 fax office@clarkscholarship.org

www.clarkscholarship.org

INSTRUCTIONS:

Please complete the following information and return your application to The Clark Foundation Scholarship Program office. The information contained herein will be treated in a strictly confidential and professional manner.

Applicant Full Legal Name: _			
Preferred Name:			
Home Mailing Address:			
City:		tate: Zip:	
		nail Address:	
		ion. Please contact our office if any of the	
DESIGNATED COLLEGE: If you plan to transfer schools from your previous semeste		Academic Year: er or year, please provide a copy of your letter of acceptance.	
CLASSIFICATION FOR UPC			Carlan
Freshman	Sophomore	Junior	Senior
Graduate Yr. 1	Graduate Yr. 2	Graduate Yr. 3	Graduate Yr. 4
The following information represents: Full A ESTIMATED EXPENSES		cademic Year One Semester (Fall or Spring) ESTIMATED INCOME	
Tuition	\$	Personal Savings applied to college payment this year	\$
Room & Board	\$	Parent Contribution	\$
Other costs	\$	NYS Tuition Assistance Program (TAP*	\$
TOTAL Estimated Expenses:		Basic Educational Opportunity Grant (PELL)*	\$
		College or Other Scholarship	\$
Total amount of any educational loans to date: TOTAL Estimated Income:			\$
		TOTAL Estimated Need for the Year:	\$
Do you plan to apply for NY Signature of Applicant:	S Excelsior Scholarship?	*Contact your college offici Yes No	als for estimated amounts
		2024: 19 Main Street Cooperstown enter the door on the side of the building,	· · · · · · · · · · · · · · · · · · ·

gates. Visitors for The Clark Foundation Scholarship Office may enter the abor on the state of the building, instate the Cooper Fark gates. Visitor Parking is available in designated parking spaces provided on the park side of the paved circle, across from The Baseball Hall of Fame. These spaces are provided only for visitors of The Clark Foundation Scholarship Office and only during the time of your visit.