

EDITH GRACE CRAIG REYNOLDS SCHOLARSHIP

Through the generosity of the late Rev. Dr. Edith Grace Reynolds, a well-known benefactress in the Town of Hoosick Falls and its surrounding areas, a scholarship fund is available to assist young men and women in obtaining a higher education in a college of their choice.

ELIGIBILITY REQUIREMENTS

THIS IS A RESIDENCY BASED SCHOLARSHIP. APPLICANT MUST PROVIDE PROOF OF LEGAL, PHYSICAL ADDRESS, NOT MAILING ADDRESS WHICH MAY BE IN A DIFFERENT MUNICIPALITY OR COUNTY

To be eligible for the Edith Grace Craig Reynolds Scholarship a student must:

- Be a high school senior who, at the time of selection, is a resident of Rensselaer County, New York, or such part of Washington County, New York as lies within the limits of Central School District #1 of the Town of Hoosick, Pittstown, Petersburg and Grafton; and the Town of White Creek, Washington County, New York.
- The applicant's parent(s) or guardian(s) must reside in Rensselaer County or that portion of Washington County included in the school district described above.
- Be applying to a two-year or four-year College or university that has a high scholastic standing.
- Be a United States citizen.

PROCEDURE FOR APPLICANTS

- Completely fill in all blanks on the **Application** (even if your answer is "None" or "not Applicable"). Any blanks will affect your final standing in the selection process.
- Print or type legibly.
- Attach a **Report of Principal or Guidance Counselor** (included with the Application) or have your school forward it directly to the following:

KeyBank National Association
Edith Reynolds Scholarship
66 South Pearl Street, 5th Floor
Albany, NY 12207

Or:

kpbwealthservices@keybank.com

EDITH GRACE CRAIG REYNOLDS SCHOLARSHIP APPLICATION

Application and all supporting documentation
must be received by KeyBank on or before June 1st

Applicant's Full Name:

Legal, physical Address:

Street	Town	County	State	Zip Code
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Telephone Number

Parent's(s;)/Legal Guardian's(s') legal, physical Address(es):

Street	Town	County	State	Zip Code
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Street	Town	County	State	Zip Code
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*** If your answers require additional space, you may attach additional paper***

List any honors you have won:

List your High School extra curricular activities:

List any Community Organizations you belong to:

List any other information you would like the committee to know:

What Schools of Higher Education Have You or Are You Applying to?

School Name and Address (City, State)	Application Date	Have you been accepted yet?

Have You Applied for Any Other Financial Aid/Scholarships?

Source	Annual Amount	Have you been accepted yet?

ESTIMATED ANNUAL COLLEGE EXPENSES

Tuition: \$ _____

Room and Board: \$ _____

Text Books: \$ _____

Additional Fees/Charges: \$ _____

TOTAL: \$ _____

I have checked this form for omissions and errors. To the best of my knowledge the information reported is complete and correct.

Applicant's signature: _____ Date: _____

Applications WILL NOT be considered without the following documents:

Fully completed, signed Application
Report of Principal or Guidance Counselor (copy attached)
School Transcript
Proof of legal, physical address
(a guidance counselor's or school administrator's confirmation is acceptable)

**Application and all supporting documentation
must be received by KeyBank on or before June 1st**

Submit all documentation to the Guidance Department or send to:

KeyBank National Association
Edith Reynolds Scholarship
66 South Pearl Street, 5th Floor
Albany, NY 12207

or

kpbwealthservices@keybank.com

REPORT OF PRINCIPAL OR GUIDANCE COUNSELOR
EDITH GRACE CRAIG REYNOLDS SCHOLARSHIP

Applicant _____

Please give your evaluation of the above applicant by circling the appropriate number on each line.

	Outstanding					Below Average
As a Student:	←—————→					
• Motivation	5	4	3	2	1	
• Effort & Diligence	5	4	3	2	1	
• Consistency	5	4	3	2	1	
As an Individual:						
• Leadership	5	4	3	2	1	
• Accomplishments	5	4	3	2	1	
• Responsibility	5	4	3	2	1	

Number of Students in Graduating Class _____

Applicant's GPA as of December 2023 _____

Applicant's NUMERICAL Standing in Above Class _____

Applicant's RANK in Above Class (Top 5%, 6-10%, etc.) _____

Additional comments: _____

Signed: _____

Position: _____ Date: _____

PLEASE NOTE: You may submit an additional letter of recommendation for the applicant, but that is not required. This form, however, must be completed in its **entirety** and submitted for each applicant who wishes to be considered for scholarship assistance.

You may send the completed Report to:

KeyBank National Association
Edith Reynolds Scholarship
66 South Pearl Street, 5th Floor
Albany, NY 12207

or

kpbwealthservices@keybank.com

NOTE: Should the applicant deliver the completed Application to the Guidance Office, please include it when sending the Report. If the Report is delivered to the Applicant, it is his/her responsibility to submit the Application to KeyBank with the Report attached.