





**Please respond to the following essay question and complete the authorizations, as indicated below:**

**Authorizations**

I hereby authorize the Scholarship Committee designated to select awardees for the Jacqueline K. Wise Memorial Scholarship Fund to review confidential financial information and academic records on file at Cayuga Community College in order to further determine my eligibility for an award. I understand that this information will be kept strictly confidential by the Committee.

Signature of Applicant

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I certify that all of the information I have provided is, to my knowledge, accurate and true.

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Signature of Applicant

Date

**PLEASE NOTE: ALL APPLICANTS MUST HAVE COMPLETED THE FORM FOR THE UPCOMING ACADEMIC YEAR AND HAVE THE FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA) REPORT ON FILE AT THE FINANCIAL AID OFFICE OF CAYUGA COMMUNITY COLLEGE.**

**THIS SCHOLARSHIP APPLICATION MUST BE CERTIFIED BY SIGNATURE AND DATE BELOW BY THE HUMAN RESOURCES DEPARTMENT AT WELCH ALLYN OR AFFILIATED COMPANY, ATTESTING TO THE FACT THAT THE APPLICANT IS EITHER THE CHILD OR THE GRANDCHILD OF A CURRENT EMPLOYEE OR RETIREE OF WELCH ALLYN OR AFFILIATED COMPANY.**

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Signature of Human Resources Manager

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Date of Certification

**Please mail the completed Scholarship Application Form by May 1 to:**

**Jacqueline K. Wise Scholarship Fund  
The Cayuga County Community College Foundation  
197 Franklin Street  
Auburn, NY 13021-3099**