

Friends of Senator Jack Perry Migrant Scholarship

Application Guidelines

Purpose: To honor a migrant farmworker student from New York State needing post-secondary scholarship assistance.

Eligibility: A selection committee of the Geneseo Migrant Center will screen candidates on the basis of the following criteria:

- Past or present eligibility for Migrant Education services in New York State
- Preferably current status as a senior in an accredited New York State high school, or status as a senior at an accredited high school outside of New York State but with a history of movement to New York State. If no eligible high school seniors submit applications, the application of a college student will be considered.
- Acceptance at a post-secondary degree granting institution, preferably in New York State
- Financial need

Application Process: A completed application form must be accompanied by:

- **PROOF OF MIGRANT EDUCATION ELIGIBILITY** – Attach a copy of a Certificate of Eligibility (COE) showing qualification during the past three calendar years or any time during high school.
- **PROOF OF ACCEPTANCE** – Attach a copy of your proof of acceptance at a post-secondary degree granting institution, preferably in New York State.

The application deadline is April 1 of each year and must be postmarked by that date.

Submit completed application packet to:

Friends of Senator Jack Perry Migrant Scholarship
Geneseo Migrant Center
3 Mt. Morris-Leicester Road
Leicester, NY 14481
1-800-245-5681

Incomplete applications will not be considered. If there are no eligible candidates from New York State in any given year, the screening committee can choose not to give an award.

Jack Perry, a former high school and college teacher of economics and history, served as a New York State Senator representing the Rochester/Monroe County area from 1975–1992. Senator Perry currently serves as the Executive Director of the Interstate Migrant Education Council (IMEC).

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APPLICATION FORM

This form must be **postmarked by April 1 with documentation of Migrant Education eligibility (COE) and proof of acceptance/enrollment in college.** Failure to submit these documents or to complete all portions of this form will result in disqualification. Neatly print or type.

PERSONAL INFORMATION

Last Name First Name Middle Initial () Home Phone

E-mail Address Cell Phone

Mailing Address City State Zip

Home Address (if different from mailing address)

Name of parent(s) or legal guardian Parent/guardian occupation(s)

Date of birth: month/day/year Place of birth Social Security Number

Counting yourself, number of adults and children in your family living at home _____

EDUCATIONAL INFORMATION

Name of school presently attending () Telephone

School address Anticipated date of graduation

Name of post-secondary institution to which you have been accepted
(attach proof of acceptance) () Telephone

School address Anticipated date of graduation

FAMILY INCOME: In which bracket does your family income fall?

_____ 0-\$10,000 _____ \$10,001 – 15,000 _____ \$15,001 – 20,000 _____ \$20,001 – 25,000
_____ \$25,001 – 30,000 _____ \$30,001 – 35,000 _____ \$35,001 +

