

## **Umadevi and Dr. Prasad C. Kakarala Seneca County Scholarship**

### **Purpose:**

To award a Seneca County senior attending Hopewell-Loudon, Seneca East, Old Fort, New Riegel or Mohawk High School; either male or female, who has demonstrated outstanding scholastics, active in school affairs, and a school leader. In addition, this award is to aid a person in financial need. Preference will be given to a student who will be entering a medical or technology field.

### **Criteria:**

The following criteria will be used to select the award recipient:

1. A senior student at one of the above mentioned high schools.
2. Accepted by a four-year college or university (as recognized by a valid accrediting agency).
3. Enrolled in college for the regular program of study beginning in the next school year.
4. Has a 3.0 or better accumulative grade point average.
5. Has been active in school affairs.
6. Relates well with his or her peers and the school's professional staff.
7. Has exhibited good citizenship standards within the school and community.
8. Have a financial need.
9. Some preference may be given to a person seeking a career in medical field.
10. Would be recognized on awards night and published in new media.

**Please return completed application to your school counselor by March 31.**

# Umadevi and Dr. Prasad C. Kakarala Seneca County Scholarship Application Deadline March 31

(For office use only) GPA \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

City \_\_\_\_\_

Zip code \_\_\_\_\_

High School \_\_\_\_\_

I confirm that I will graduate from \_\_\_\_\_ High School this spring and that I have been accepted at \_\_\_\_\_ (College or University) for the regular four-year program of study beginning in the next school year. I confirm that I am enrolled at this college or university as of \_\_\_\_\_ (date) and that I have met the admission requirements for this college or university. I intend to major in \_\_\_\_\_ and I will assume a normal course load leading toward an undergraduate degree in this major field.

I understand the purpose and the criteria required to meet the objectives of the Umadevi and Dr. Prasad C. Kakarala Scholarship. I understand the recipient will be chosen by the High School faculty and the decision of this committee will be final. I understand the scholarship amount is a one-time payment of \$1000 directly to my college or university account when I begin my program of study if I am declared the winner of this scholarship.

Signed \_\_\_\_\_

Date \_\_\_\_\_