Holmwood Technical High School Alumni Association, NY Inc. NEW YORK CHAPTER PO Box 130039, Springfield Gardens, NY 11413



PURPOSE

The McLean's Scholarship Fund is being established in collaboration with the family of Myron McLean (Mr. Mac), a former teacher at Holmwood. Mr. McLean passed away in 2019, and his family offered to partner with the NY Chapter of the Holmwood Past Students' Association to launch this scholarship in honor if his contribution to the institution. The scholarship will award one student who is enrolled in the Electrical/Electronic program, with an amount of US\$250.00 per year for up to 4 years, to assist with funding for school supplies, or other related expenses.

The scholarship will be managed by the NY Chapter of the Holmwood Past Students' Association in association with the McLean family. This includes the evaluation and selection of qualified candidates. Awards will be made on an annual basis, and previously awarded candidates may re-apply each year while still in the academic program. All scholarship awards will be paid directly to the institution, for disbursement to the selected applicant.

Administration

The funds will be administered by Holmwood Technical High School Alumni Association, New York chapter.

Eligibility

- 1. Applicants must be enrolled at Holmwood Technical High School in the electrical/electronic course.
- 2. Applicants must maintain a "B" or 75% Average

Application Requirements

To be considered for the McLean's Scholarship Fund, applicants must complete an application form and return it to the Guidance Counselor by July 1st. The application must include:

- 1. Only completed application forms will be considered.
- 2. Two letters of recommendation with at least one from a teacher/school official

All applications must be submitted by July 1st for the application to be considered.

For further information, please contact: Denise Richmond- New York Chapter Committee <u>Deniserichmond36@gmail.com</u>

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Application Form			
1. Year Applying for			
2. Name			
3. Date of Birth			
4. Place of Birth			
5. Contact#			
6. Email Address			
7. Grade			
8. Department Major	Electrical		
9. Will you be receivin	ng other scholarship for the schoo	ol year: Yes or No	
10. If YES from which	Chapter? What did you receive?		
11. Are you related to	o any member within the NY HPSA	N?	

Application Statement:

The information provided in my application is, to the best of my knowledge, complete and accurate, and I understand that false statements on this application will disqualify me from the scholarship.

Applicant Signature:

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Acceptance Letter

Date: _____

Student Name: ______

Student Address: _____

Congratulations on being a recipient of the MYRON MCLEAN Memorial Scholarship 20_____ **Scholarship information**

- ◆ You will be awarded a total of US \$250.00 to assist with school fees and/or school supplies
- We encourage you send a "Thank You Letter" to HPSA NY Scholarship Committee, as we are interested in hearing from you, about your future career goals and what this scholarship means to you
- Begin your letter by addressing the donor as HPSA NY-Chapter including the name of the scholarship in your first sentence. <u>Important!</u>

In order for the scholarship grant to be disbursed, you must return a signed copy of this letter as proof that you have accepted the Scholarship.

Failure to meet these conditions will result in your scholarship being revoked and you will neither be eligible nor considered for future New York scholarships.

Best wishes in all your Endeavors!

- $\boldsymbol{\theta}$ I accept MM Scholarship Fund
- $\boldsymbol{\theta}$ I declined the MM Scholarship Fund

Awardees Signature:	Date:
NY Chapter Review Committee Member:	Date:
President of the HPSA NY:	Date:

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Myron McLean (MM) Scholarship Contract

The application, program overview, and letter of recommendation forms are available at the Guidance Counselor's Office or visit our website to download the forms at <u>holmwoodpsany.org</u>

I, ______ have read and understand the conditions of the NY HPSA MM Memorial Scholarship program.

I Affirm that I am a student studying electronics/electrical at Holmwood Technical High School and I give permission for my grades and other information requested, to be considered for the MM Scholarship program.

I affirm the information contained herein is true and accurate to the best of my knowledge and belief.

Signature:			Date:	
Legal name in full (Print/Type)	Last name	First name	M.I.	

Permanent Residence: Number, Street, and Apartment Number your address of school (if different) Number, Street