

# LAWRENCE WILLIS MEMORIAL SCHOLARSHIP FUND

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



## PURPOSE

The Lawrence Willis Scholarship Award Program was established to assist students who plan to continue their Higher Education at a Tertiary Institution. Lawrence Willis was one of the founding members of the New York Chapter Alumni Association.

Holmwood Technical High School seniors or graduates who have been accepted as fulltime students at an accredited two year or four-year College will be eligible to apply.

This scholarship program will be administered by New York Chapter Alumni Association. The scholarship committee will be responsible for the evaluation and selection of qualified recipients.

## AWARDS

Scholarship awards are available in amounts US\$1000 annually and are for one year only. All Scholarship awards will be paid directly to the students.

## Eligibility

1. Applicants must enroll at Holmwood Technical High School.
2. Applicants must graduate or must be a graduating senior.
3. Applicants must have participated and/or represented the school in sports.
4. Applicants must maintain a B Average.
5. Applicants who demonstrate leadership qualities will be considered.

## Application Requirements

To be considered for the Lawrence Willis Scholarship Award, applicants must complete an application form and return it to the Scholarship coordinator by July 1st.

The application must include:

1. A completed application form (must be completed to be considered).
  2. Two letters of recommendation with at least one from a teacher or a school official.
  3. An official high school transcript for the last two years of school highlighting all final grades.
  4. An essay of (200-400 words) indicating your educational and career goals.
  5. The acceptance letter from your College (**application will be considered incomplete without the acceptance letter**).
  6. Applicants **must** indicate their intention to join an Alumni Chapter within location of residency.
- All of the above requirements must be submitted in a timely manner so that all of the requisite criteria can be analyzed by the selection committee towards expediting the process.

For further information, please contact:

Denise Richmond- New York Chapter Committee Chair - deniserichmond36@gmail.com

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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. Date graduating high school (Anticipated date)
8. Grade
9. Department Major
10. Will you be receiving other scholarship for the school year: Yes or No
11. If YES from which Chapter?  What did you receive?
12. Are you related to any member within the NY HPSA?

## 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:  
Date:

**Please return to: Scholarship Committee at HTHS**

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## Acceptance Letter

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Address: \_\_\_\_\_

**Congratulations** on being a recipient of the LAWRENCE WILLIS Memorial Scholarship 20XX

## **Scholarship information**

- ❖ You will be given a total of US \$1000.00 to be used as supplement to your tuition and book cost.
- ❖ We ask that you send a "Thank You Letter" to HPSA NY Scholarship Committee. We are interested in hearing from you. Your academic plans, activities, 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. **Important!**

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

**Failure to meet these expectations will result in your scholarship being revoked and you will neither be eligible nor considered for Future New York Scholarship.**

**Good Luck in all your Endeavors.**

- I accept LW Scholarship Fund
- I declined the LW Scholarship Fund

Awardees Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NY Chapter Review Committee Member: \_\_\_\_\_ Date: \_\_\_\_\_

President of the HPSA NY: \_\_\_\_\_ Date: \_\_\_\_\_

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## LW Scholarship Contract

The application, policy proposal, and letter of recommendation forms are available at the Guidance Counselor's Office or visit our website to download the forms at [holmwoodpsany.org](http://holmwoodpsany.org)

I, \_\_\_\_\_ have read and understand the conditions of the NY HPSA LW Memorial Scholarship program.

I affirm that I plan to pursue my undergraduate at \_\_\_\_\_ ; I give permission to officials of Holmwood Technical High School to release the transcripts of my academic record and other information requested for consideration of LW Scholarship program.

I understand that this application will be available only to qualified students who meet all the requirements.

If selected as a LW recipient, I agree to attend \_\_\_\_\_ College/University I will attend the scholarship leadership week and awards ceremony at Holmwood Technical High School on \_\_\_\_\_ 20\_\_\_. Date to be determined (TBD) .

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: \_\_\_\_\_

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