



## 2024 Community Scholarship Award Program

*Two Scholarships Available!*

The Eastwood Neighborhood Association (ENA) announces the **2024 Community Scholarship Award Program**. Under the Program, two (2) \$1,000 scholarships will be awarded to seniors attending a high school in or around Syracuse, NY. Eligible students **must** reside in the Eastwood 13206 zip code. The Margaret McVicker Memorial Scholarship will be awarded to a student who excels in history and the Tom White Memorial Scholarship will be awarded to a student dedicated to community service.

Margaret K. McVicker, born in 1919, lived her whole life in Eastwood in a house her father built. She graduated from Eastwood High School and raised her family in Eastwood. She was a founding board member of the Eastwood Neighborhood Association. After retirement she wrote two books on Eastwood (the Village Within the City of Syracuse) to preserve the history for posterity. She was considered the "Eastwood Historian" by many. She was responsible for the first Historical Marker for Eastwood at Sheridan Park. She passed away in 2019.

Tom White was a lifelong resident of Eastwood and dedicated employee of the City of Syracuse Parks and Recreation Department from 1983 until his retirement in 2016. He was a leader in the field, passionate for his work in advocating opportunities for recreation and dedicated his life to service on the behalf of others. He was a consummate volunteer, and was a mentor and coach to many, coaching CYO and EYP basketball and baseball and high school basketball. He was a dedicated member and historian to ENA and Bishop Grimes and SUNY Cortland alumni organizations. He was an enthusiastic booster for the creation of the East Woods Skate Plaza. White touched the lives of countless people in the community and is remembered for being positive and optimistic. He passed away in 2021 at the young age of 63.

### Program Guidelines & Priorities:

- Seeking graduating seniors with a record of volunteerism in the community in non-school sponsored activities and participation in extracurricular school activities.
- Applicants must plan to attend a 2- or 4-year college or technical school.
- Scholarship funds will be paid **in June 2024, for the Fall semester of the student's first year. Payment will be made directly to the student.** This is a one-time scholarship, and the funds can be used at the student's discretion.
- Applicants must have the endorsement of their Guidance Counselor on their application attesting they are a qualified fit for this scholarship program. The Eastwood Neighborhood Association will accept applications from any student that lives within the 13206 zip code regardless of where they attend high school. **Application deadline is 5:00 PM Tuesday, April 30, 2024.**

Mail one copy of a completed application package to:

Eastwood Neighborhood Association  
Community Scholarship Committee  
P.O. Box 66  
Syracuse NY 13206

OR email to [info@eastwoodneighbor.com](mailto:info@eastwoodneighbor.com)

The applications will be reviewed and recipients selected by an impartial panel of judges. The scholarships will be awarded in May 2024.

Please submit questions via email to: [info@eastwoodneighbor.com](mailto:info@eastwoodneighbor.com)



## 2024 COMMUNITY SCHOLARSHIP AWARD APPLICATION

Please **type** or clearly print your answers.

1. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Phone: (\_\_\_\_) \_\_\_\_\_

3. Email Address: \_\_\_\_\_

4. Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Gender: \_\_\_\_\_

5. Cumulative Grade Point Average (GPA): \_\_\_\_\_ Your most recent school transcript is required.

6. Name and location of high school attending: \_\_\_\_\_

7. A. If you have decided on which trade school or college you will attend, please list school name:

\_\_\_\_\_

B. If not yet decided, list your top three college or trade school choices:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Name & address of parent(s) or legal guardian(s): (Include address if different than your own)

Name(s): \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

9. A. Tell us about your volunteerism: list your volunteer activities:

---

---

---

---

---

B. Tell us about you: list your hobbies, outside interests, extracurricular activities:

---

---

---

---

---

C. Tell us about your school life: list any academic honors, awards and membership activities while in high school:

---

---

---

---

---

**10. On a separate sheet of paper, please write an essay (250 - 500 words) answering one of the two questions below:**

For the Margaret McVicker Memorial Scholarship: How does understanding our history shape citizens' lives today?

For the Tom White Memorial Scholarship: How has volunteerism and/or community service helped shape who you are today and how do you think it will impact your future?

## STATEMENT OF ACCURACY FOR STUDENTS

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that if chosen as a scholarship winner my picture may be taken and used to promote the ENA Community Scholarship award Program (winner may waive photo due to unusual or compelling circumstances).

I hereby understand I will not submit this application without all required attachments and supporting information. Incomplete applications or applications that do not meet eligibility criteria will not be considered for this scholarship.

**Signature of scholarship applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## STATEMENT OF SUPPORT BY GUIDANCE COUNSELOR

I hereby affirm that this application meets the criteria set forth by the Community Scholarship Award Program and that I support this application to the Eastwood Neighborhood Association.

Name of Guidance Counselor: \_\_\_\_\_

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

Contact information (email and phone): \_\_\_\_\_

**Signature of Guidance Counselor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Checklist

- \_\_\_ Application Form
- \_\_\_ Essay
- \_\_\_ Applicant and Parents signature
- \_\_\_ Guidance Counselor signature
- \_\_\_ School Transcript

### **MAIL COMPLETE APPLICATION PACKAGE TO:**

**Eastwood Neighborhood Association  
Community Scholarship Committee  
P.O. Box 66  
Syracuse, NY 13206**

or Email to: [info@eastwoodneighbor.com](mailto:info@eastwoodneighbor.com)

### **REMINDER:**

**The deadline for this application to be received  
by the Eastwood Neighborhood Association is:  
5:00 PM, Tuesday, April 30, 2024**