## The Mr. William Alberts Memorial Scholarship Award: \$1,000, Due Date: April 10, 2025

This scholarship is being provided in memory of William L. Alberts also known as "Mr. A". who passed away on November 7<sup>th</sup> 2021. Mr. A. was a supervisor with Harrison Radiator and also worked at the New York Power Authority before becoming a substitute teacher with the Lew-Port School District. Mr. A. was actively involved with the Bible Presbyterian Church in Grand Island and loved spreading the word of the Lord.

## **Guidelines:**

- Applicant must be a graduating high school senior at Lewiston-Porter.
- Applicant must be accepted into an accredited college, university, or trade school.
- Applicant must participate in 6 hours of community service with a Christian focus.
- Applicant must plan to pursue a career in education, Christian education or trade.

## Requirements:

- Completed Application Form
- Essay:
  - Submit a typed essay between 300-350 words that describes the importance of community service in your life as well as the importance of giving back to others.
- 2 Letters of Recommendation
  - One from school teacher, counselor, administrator or coach
  - One from faith leader, priest or pastor
- High School Transcript (Counseling Center will attach)

ALL REQUIREMENTS in GOOD ORDER Due to Counseling Center: April 10, 2025

## The Mr. William Alberts Memorial Scholarship Application Form 2025

1). Personal Information:	
Name:	
Address:	
Date of Birth: Phone:	
Email:	
2). Academic Record:	
High School:	
School Counselor:	
Overall academic average for the past 3 years:	•
3). Extracurricular Activities:	
List school activities in which you have participated in during your high school years:	
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4). List out of school activities (community, family, church, political, sports, and/or arts):	
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\*\*\*\* Please follow all guidelines, complete the application form, include your essay and 2 letters of recommendation & high school transcripts by Thursday, April 10th and send to:

Dana Hollingsworth 256 Lake Road Youngstown, NY 14174

Candidate's Signature:	
Parent's Signature:	
Date:	