



## Donald & LaRene Ayres Scholarship Application

Donald and LaRene Ayres were both teachers in the Canton School District. Don taught social studies and academic math, he directed school plays and musicals for thirty years. LaRene was a Kindergarten teacher who helped shape the lives of many young girls and boys. This scholarship was established in 2012 through the estate of LaRene.

### Eligibility Criteria:

- Graduating senior from Canton Area High School.
- Accepted into an accredited university, college or technical school. This is not restricted to a formal college education.
- Essay (200-250 words double spaced) on why you have chosen this career path and reasons why you are qualified and deserve the scholarship.
- Attach a transcript of your high school grades.
- This is a merit scholarship.
- Please provide a list of school based activities (including leadership positions, clubs and athletics) as well as community volunteer activities and the number of months or year

Please see your guidance office for deadlines.



## Donald & LaRene Ayers Scholarship Application

Type or print neatly in black or blue ink. Only complete applications will be considered.

### **Personal Information:**

Last Name		First Name		MI
Street Address			Apt. /Unit Number	
City	State	Zip Code	Home Phone	Cell Phone
Sex: M	F	Date of Birth: ____/____/____ MM/ DD/ YYYY	Name of High School	Date of Graduation
E-mail Address				

### **Parental Information:**

Father's Last Name		First Name		MI
(If different) Street Address	Apt. /Unit Number		Email Address	
City	State	Zip Code	Best Phone Number	
Name of Employer			Employed Since	
Mother's Last Name		First Name		MI
(If different) Street Address	Apt. /Unit Number		Email Address	
City	State	Zip Code	Best Phone Number	
Name of Employer			Employed Since	

### **Employment Information:**

Do you currently have a part-time job? Y    N    If yes: \_\_\_\_\_  
Position

Name of Employer	Employer's Phone Number
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**School Based Information:**

Major Field of study in college: \_\_\_\_\_

Name of college, university or technical school you will attend:

\_\_\_\_\_

G.P.A. \_\_\_\_\_ SAT Score \_\_\_\_\_ or ACT Score \_\_\_\_\_

Class Rank \_\_\_\_\_ out of \_\_\_\_\_ # students.

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I attest that all personal data included within this application is truthful and in no way misleading. All contents have been completed entirely by me (the applicant) to the best of my knowledge.

If I am selected as a recipient of a Community Foundation for the Twin Tiers scholarship, I agree to permit the Foundation to confer with my school to verify my continuing enrollment during the term of my scholarship.

I also agree that my name and photograph can be used in announcements made by the Community Foundation for the Twin tiers regarding the particular scholarship (s) for which I have been awarded.

I also agree that by signing this I permit my school to give the Community Foundation for the Twin Tiers information regarding my SAT scores, current GPA and class rank.

Awards may be used at any accredited, nonprofit college or university within the United States.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Signature