

# **Ken-Ton Friends of Youth Foundation, Inc**

## **Charlie Wolff Memorial Award**

*Due No Later Than February 1, 2025*

*Must graduate or acquire GED by June 2025*

The Charlie Wolff Memorial Award is given to a young person from the Ken-Ton area who will graduate or acquire their GED by June 2025, who has overcome an extreme obstacle in their life and has a drive to succeed in life.

The purpose of this educational grant is to give financial assistance to individuals who are continuing their education. This educational award may be used for tuition, fees, supplies needed to continue your education, uniforms, etc.

The amount of the award will be up to \$1000.00 based on the committee's recommendation.

### **Criteria that the committee will consider include:**

- **Nominee should be a Senior or in their last year of school at the time of applying.**
- **Letter of recommendation from a current instructor. (include with your application.)**
- **Must be a Ken-Ton resident.**
- **In essay form please answer the following questions.** Be specific and use examples. Your words can make the difference. Please put your name at the top of each separate sheet of page you use:

1. What are your educational/vocational goals and plans for the future?

2. What is the name and address of the school you plan on attending?

3. Why should you be considered for the Charlie Wolff Memorial Award?

4. Please explain your circumstances on why you should be selected for this award. (Hardships, Overcomings, Community Service, etc.)

**Failure to answer all questions may disqualify you from the program.**

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Deadline: All material must be received by *February 1, 2025*

*(Please Print or Type)*

Nominee's Name: \_\_\_\_\_

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

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

Cell Phone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School now attending: \_\_\_\_\_

Year/Grade: \_\_\_\_\_

Email: \_\_\_\_\_

Teacher or Counselor recommending you for this award:

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

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

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

School Phone #: \_\_\_\_\_

Parent(s)/ Guardian(s) Name: \_\_\_\_\_

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

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

Phone # & email: \_\_\_\_\_

Please return **four copies of all materials** to:

Ken-Ton Friends of Youth Foundation, Inc.

P.O. Box 607

Kenmore, N.Y. 14217

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