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Information for SABA Scholarship Directory

Name of organization/business sponsoring scholarship: _____

Name of scholarship: _____

Number of scholarship(s)/year: _____

If scholarship is more than 1 year, how many years? _____

Amount of scholarship(s): _____

Criteria: Check those that apply: (if more room is needed, write on back of page)

_____ Must attend specific high school - Name of school: _____

_____ Must attend specific college – Name of college: _____

_____ Must have a specific GPA – GPA must be greater than: _____

_____ Other criteria (membership, community service, employment, major, etc) _____

Name of contact person for scholarship: _____

Address of contact person:

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

If scholarship information is on web site, give web address: _____

Deadline for scholarship applications: _____

Fill out and return form to:

Mail: Kathleen Clements, Box 70, New Hartford, NY 13413
Fax: Oneida SABA @ 793-8531

Duplicate this form for additional scholarships.