



Dannemora Free Library 2026 Elaine Rice Education Scholarship

The Dannemora Free Library announces the 2026 **Dannemora Free Library Scholarship Awards Program**. Under the Program, one (1) \$250 scholarship will be awarded to a graduating senior attending Saranac High School or a resident of the Town of Dannemora or the Town of Saranac attending school outside of Saranac CSD, who is pursuing a degree in the field of Education.

Program Guidelines & Priorities:

- * Applicants must plan to attend a two (2)-year community college or four (4)-year college or university.
- * Scholarship funds will be paid during **June 2026—directly to the student**.
- * Applicants must have the endorsement of their Guidance Counselor on their application attesting that they are qualified for this scholarship program.
- * Applications must be received by the Dannemora Free Library no later than **April 1st, 2026**. Late applications will not be accepted.

Mail one copy of a completed and typed application package to:
(This includes application with signoff by Guidance Counselor, essay, and letter of recommendation)

Dannemora Free Library
c/ o Scholarship Committee
P.O. Box 730
Dannemora, NY 12929

The applications will be reviewed and recipients selected by the Dannemora Free Library Scholarship Committee. The scholarships will be awarded in **June 2026**.

Please submit any questions to: dannemorafreelibrary@yahoo.com



SCHOLARSHIP APPLICATION 2026

Please type your answers. <i>Use an additional piece of paper if necessary</i>				
1.	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; padding: 5px;">Last Name:</td> <td style="width: 5%; border: none;"></td> <td style="width: 45%; border: none; padding: 5px;">First Name, Middle Initial:</td> </tr> </table>	Last Name:		First Name, Middle Initial:
Last Name:		First Name, Middle Initial:		
2.	Mailing Address Street: City: State: Zip:			
3.	Daytime telephone number: () Email address:			
4.	Date of birth: Month Day Year			
5.	Cumulative Grade Point Average (GPA): _____ (On a 4.0 scale)			
6.	Name and location of high school:			
7.	A. List any academic honors, awards and membership activities while in high school: B. List your hobbies, outside interests, extracurricular activities and school related volunteer activities: C. List your non-school sponsored volunteer activities in the community:			
8.	A. If you have decided on the college you will attend, please list the school name: B. If not, list your top three (3) college choices:			
9.	Anticipated field of study:			



10.	Number of years of residency in the Town of Saranac or the Town of Dannemora:
11.	<p>Name & address of parent(s) or legal guardian(s): <i>(Include address if different from your own listed in Question 2.)</i></p> <p>Name(s): Street: City: State: Zip:</p> <p>Home phone of parents or legal guardians: Work phone:</p>
12.	<p>On a separate paper, please write an essay (350 - 500 words) answering one of the following questions:</p> <ol style="list-style-type: none"> 1. Can you tell us about a contribution you've made to your community and what you learned from that experience? 2. Can you tell us about a time you failed and what you learned from that experience? 3. Can you tell us about a time when you stepped up as a leader and what you learned from that experience?



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 Dannemora Free Library Scholarship Program. (Winner may waive photo due to unusual or compelling circumstances.)

I hereby understand that if chosen as a scholarship winner, I will try to be present at any awards ceremony and/or reception to receive my scholarship award.

I hereby understand that 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:** _____

STATEMENT OF SUPPORT BY GUIDANCE COUNSELOR

I hereby affirm that this application meets the criteria set forth by this scholarship program and supports submission of this application to the Dannemora Free Library Scholarship Program.

Name of Guidance Counselor: _____

High School: _____

Contact information (email and phone): _____

Signature of Guidance Counselor: _____ **Date:** _____



Checklist:

- Application
- Essay on separate sheet of paper
- Guidance Counselor signature

MAIL COMPLETED APPLICATION PACKAGE TO:

**Dannemora Free Library
c/ o Scholarship Committee
P.O. Box 730
Dannemora, NY 12929**

REMINDER:

**Applications must be received by the Dannemora Free Library no later than April 1, 2026
There will be no exceptions!**