

**DOTTIE HARVEY MEMORIAL SCHOLARSHIP COMMITTEE**  
Clinton County Bar Association  
P.O. Box 823  
Plattsburgh, NY 12901

February 4, 2026

**Re: Dottie Harvey Scholarship Fund  
Application and Deadline for Submission**

Dear Guidance Office:

The Clinton County Bar Association will once again award the annual “Dottie Harvey Memorial Scholarship” to at least three deserving Clinton County residents who meet the criteria set forth in the Scholarship Plan. I am attaching the 2026 application.

The Scholarship Committee considers several criteria, including but not limited to: scholarship, citizenship, personality, leadership, perseverance, resourcefulness, general worthiness, financial need, extracurricular activities and awards, and other relevant information.

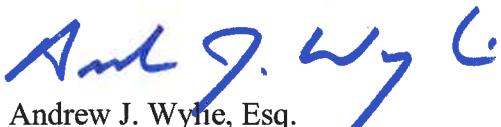
In 2025 Clinton County area students were awarded three \$1,500.00 scholarships and five \$500.00 scholarships. One recipient from each High School in Clinton County that we received applications from.

Should any of your graduating seniors wish to be considered for the scholarship, please have them complete an application and return it to: Dottie Harvey Scholarship Committee, c/o Clinton County Bar Association, P.O. Box 823, Plattsburgh, New York 12901, no later than **March 30, 2026**.

Please note that the deadline for the submission of applications is a firm deadline, with no exceptions, and the submission address is detailed in the aforementioned paragraph. The Scholarship Committee anticipates selecting recipients by April 15, 2026, with notification to the recipient and the respective school prior to May 1, 2026, corresponding with the celebration of Law Day.

Thank you for your attention in this matter.

Very Truly Yours,



Andrew J. Wylie, Esq.  
President of the Clinton County Bar Association

AJW:

**SCHOLARSHIP PROGRAM OF CLINTON COUNTY BAR ASSOCIATION**  
**2026 APPLICATION FORM**

(Please Print or Type All Information in Full)  
**(DO NOT STAPLE OR SUBMIT AN APPLICATION DOUBLE SIDED)**

PLEASE NOTE: At the time of your application, you must be a resident of Clinton County for a period of nine (9) months in order for you to be considered for a scholarship. In addition, you must not have reached your 21<sup>st</sup> birthday before the commencement of the academic year for which this scholarship application is submitted, and you must have been accepted to or be attending an accredited two or four year college or university.

**MAIL COMPLETED APPLICATION TO:**  
**Dottie Harvey Memorial Scholarship Committee**  
**Clinton County Bar Association**  
**P.O. Box 823**  
**Plattsburgh, New York 12901**

**APPLICATIONS MUST BE POSTMARKED BY MARCH 30, 2026.**  
**NO EXCEPTIONS WILL BE MADE.**

Date: \_\_\_\_\_

**I. PERSONAL INFORMATION:**

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

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

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

Length of time at address: \_\_\_\_\_ years \_\_\_\_\_ months

High School Attending \_\_\_\_\_ Class Rank \_\_\_\_\_

**II. FAMILY INFORMATION:**

Name of Mother/Guardian: \_\_\_\_\_

Name of Father/Guardian: \_\_\_\_\_

Number of Children in Family Under 25 Years of Age: \_\_\_\_\_

Annual Family Expenses for Other Children Who May be Attending College: \_\_\_\_\_

Gross Income (before taxes) of Your Parents for Last Year (2025): \_\_\_\_\_

Mother's/Guardian's Occupation(s): \_\_\_\_\_

Father's/Guardian's Occupation(s): \_\_\_\_\_

**III. HIGH SCHOOL: ADDITIONAL INFORMATION REQUESTED:**

Name of High School: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_

Number of Students in Class: \_\_\_\_\_ Class Rank: \_\_\_\_\_

Awards and Honors:

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Extracurricular Activities:

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Any Additional Information You Would Like Considered:

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**IV. UNIVERSITY OR COLLEGE INFORMATION**

Colleges or University You Have Been Accepted to or applying at:

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Intended Major: \_\_\_\_\_

**IF YOU HAVE ALREADY COMMITTED TO A COLLEGE / UNIVERSITY, LIST THE NAME AND ADDRESS:**

College/University: \_\_\_\_\_

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

**WHY DID YOU SELECT THIS COLLEGE OR UNIVERSITY?**

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**HAVE YOU TAKEN COLLEGE COURSES WHILE IN HIGH SCHOOL?**

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## **V. EMPLOYMENT HISTORY**

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## **VI. COLLEGE EXPENSES**

### Total Estimated Annual College Costs

Room & Board \$ \_\_\_\_\_

Fees \$ \_\_\_\_\_

Travel Expenses \$ \_\_\_\_\_

Books/Supplies \$ \_\_\_\_\_

## Resources for Meeting Anticipated Costs

Student's Earnings \$ \_\_\_\_\_

Parent's Contribution \$ \_\_\_\_\_

Student's Savings \$ \_\_\_\_\_

Grants \$ \_\_\_\_\_

Scholarships \$ \_\_\_\_\_

Total      \$

Total      \$ \_\_\_\_\_

Provide Details of any Grants, Scholarships or other information for the Committee:

**VII. ESSAY:**

ATTACH TO YOUR APPLICATION AN ESSAY DESCRIBING YOURSELF IN NO MORE THAN TWO (2) SINGLE SPACED – SINGLE SIDED PAGES.

**VIII. RECOMMENDATIONS:**

ATTACH TWO (2) LETTERS OF RECOMMENDATIONS

**IX. REQUIRED DOCUMENTS:**

PLEASE INCLUDE THE FOLLOWING DOCUMENTS WITH YOUR APPLICATION:

- 1) High School Transcript; and
- 2) College or University Transcript (If applicable) for Each Semester Attended; and
- 3) College Entrance Examination Scores, or the American Testing Program (ACT) Scores, or Scholastic Aptitude Test (SAT) Scores **if required** by College or University you will be attending in the Fall of 2026

In selecting scholarship recipients, the Scholarship Committee shall consider the following criteria with respect to each applicant; scholarship, citizenship, personality, leadership, perseverance, resourcefulness, general worthiness, financial need, extracurricular activities and awards, and all other relevant information. You may be asked to appear for a personal interview by the Scholarship Committee.

Proof of parental income or documentation of the other information contained in this application may be required at the direction of the Scholarship Committee.