

REVEREND JOHN A REDDINGTON SCHOLARSHIP FUND

This Scholarship Fund was established under the Will of Reverend John A. Reddington. Under the terms of the Will, **scholarship grants are to be based upon financial need to students in good standing.**

Instructions for application for a Elementary, Middle, or High School scholarships
(2025-2026 School Year)

Student's parent/guardian completes the 4 page application and forwards it to:

Victoria Maldonado / Bowee Clark
Canandaigua National Bank & Trust/CNB Wealth Management
1150 Pittsford-Victor Road Suite A
Pittsford, New York 14534

Attach to the application supporting documentation for income (copy of prior year US Federal Income Tax Form 1040, 1040A or 1040EZ or a current Budget Worksheet provided the County Department of Social Services), and expenses, and form FAFSA (for graduating High School Seniors).

The pending recipient must provide CNB Wealth Management proof of school enrollment before payment is made, to be attached to application. Upon receipt of proof, payment will be made directly to the attending school.

Guidance counselor or dean completes the recommendation/comment form for graduating high school seniors or college students and forwards it directly to:

Victoria Maldonado / Bowee Clark
Canandaigua National Bank & Trust/CNB Wealth Management
1150 Pittsford-Victor Road Suite A
Pittsford, New York 14534

Deadline for POSTMARK/receipt of all forms is April 30, 2025 and incomplete applications will not be considered - NO EXCEPTIONS.

The scholarship committee will only consider those applications for families with a maximum yearly income of \$60K or less.

There is no limit on the number of times a student may apply for a scholarship as long as the financial need still exists and the student remains in good standing.

Notification of scholarships awarded will be made to the school and/or student by the end of June or July.

Checks for ½ of the total scholarship award will be mailed directly to each school on **August 15, 2025**, prior to the beginning of the first term, along with copies of the award letters indicating the scholarship winners. Checks for the remaining ½ balance of the scholarship award will be mailed directly to each school on **February 15, 2026**.

Application
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Student Applying for Assistance

Last Name	First Name	Middle Initial	School Year	School	Incoming Grade
Address:		City	State/Zip	Social Security #	Date of Birth

Any relationship to Father John A Reddington? No Yes If yes, please specify relationship _____

Family Information

Father / **Male Guardian Information**

Last	First	Occupation
Address: # & Street		Home Phone ()
City/State		Work Phone ()
Zip		
Place of Work		
Marital Status (give full name of spouse if remarried)		
Relationship to Student		

Mother / **Female Guardian Information**

Last	First	Occupation
Address: # & Street		Home Phone ()
City/State		Work Phone ()
Zip		
Place of Work		
Marital Status (give full name of spouse if remarried)		
Relationship to Student		

Dependents for Income Tax Purposes

Name	Age	School Attending in Fall

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Other dependents and their ages cont'd (attach additional sheet if needed)

Tuition and Expense Information

Tuition for upcoming school year	\$
Less scholarships & other assistance	\$
Books (estimate)	\$
Room & Board	\$
Travel Expense (estimate)	\$
Total	\$

Financial Information
 Attach copy of prior year US Federal Income Tax Form 1040, 1040A or 1040EZ or a current Budget Worksheet provided the County Department of Social Services

Family Gross Income for Prior Year (before deductions or taxes)	
Earned income for father/male guardian	\$
Earned income for mother/female guardian	\$
Earned income for applicant	\$
Other Non-Taxable Income	
Worker's Comp	
Unemployment Benefits	
Disability Benefits	
Social Security	\$

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Financial Information Cont'd

Other Non-Taxable Income cont'd	
Child Support	\$
Alimony	
Welfare ADV	\$
Rent Subsidy	\$
Etc.	
Other Sources of Tuition Assistance	
Scholarships	\$
Gifts	\$
Total Income	\$
Other Liquid Assets	
Bank Accounts	\$
Stocks	\$
Bonds	\$
Etc	\$
Total Other Assets	\$

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Family Medical/Dental Expenses Not Covered By Insurance
Please supply supporting documentation

List and describe	Do you anticipate the same level of expenses for the up coming year Yes or No If no please give estimate

Special or Unusual Circumstances for Consideration
List and describe

I declare that the information on this form is, to the best of my knowledge, correct and complete. I agree, if necessary, to send additional information to support statements on the form.

Male Head of Household Signature

Female Head of Household Signature

REVEREND JOHN A REDDINGTON SCHOLARSHIP FUND

Dear Guidance Counselor:

_____ (student) has applied for the John A. Reddington Scholarship, administered by CNB Wealth Management. Please supply your recommendation/comments for this Scholarship directly too:

Victoria Maldonado/ Bowee Clark
CNB Wealth Management
1150 Pittsford Victor Rd Suite A
Pittsford, NY 14534

Recommendation/Comments:

Is this individual working at or toward his/her potential?

Signed: Guidance Counselor

School

Date