NEW STUDENT SCHOLARSHIP APPLICATION

Scholarship you are applying for: ____________________________

Please review the scholarships presented on Suffolk County Community College’s website, sunysuffolk.edu/Prospects/Scholarships to determine which ones you are eligible for and any special criteria or application procedures required. Use a separate application for each scholarship for which you are applying. You may photocopy this form.

INSTRUCTIONS

To be considered for a scholarship, you must:

1. Apply to Suffolk County Community College, if you have not already done so.

2. Provide an official high school transcript.

3. Consult the individual scholarship descriptions sunysuffolk.edu/Prospects/Scholarships to determine what documentation is required.

4. Please submit a typed personal statement 250 words. Your statement should include a description of how this scholarship will assist you in achieving your educational goals. Please Note: Depending on the scholarship(s) criteria, you may be required to submit additional support documents such as:
   • evidence of community service, extracurricular activities, honors or awards
   • letter(s) of recommendation
   • SAT/ACT scores
   • evidence of financial need - this requires applying for financial aid by filing a Free Application for Federal Student Aid (FAFSA).

For priority consideration, please submit this application and all supporting documents by April 22nd to:

New Student Scholarship Committee
c/o Joanne E. Braxton
Office of Enrollment Management
Suffolk County Community College
533 College Road
Selden, NY 11784
Background

Information

Name ________________________________ (last) ________________________________ (first)

Address ________________________________________________________________

City_________________________ State ___________ Zip Code____________________

Cellular Phone_____________________________

Home Phone_____________________________

E-mail _________________________________

High School Attending _______________ Graduation Date________________________

H.S. Average (unweighted)___________ Class Rank ______ of ____ students

CAMPUS CHOICE: □ AMMERMAN □ MICHAEL J. GRANT □ EASTERN

Tentative Curriculum Choice (if any): ________________________________________

Advanced Placement Courses Taken: _________________________________________

Community or Extracurricular Activities and Special Honors or Achievements

Please provide dates of activities and positions held. If additional space is needed, please use plain paper. If you have prepared a "high school activity sheet" through your guidance office you may attach a copy.

Please list community or extracurricular activities:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Please list special honors or achievements:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
By submitting this application, you give permission to Suffolk County Community College and the Suffolk Community College Foundation to disclose information from this application, including, but not limited to, your educational and financial records, extracurricular activities, honors, awards and essays, to the donors or representatives of scholarship funds at the Suffolk Community College Foundation. Further, you grant permission to use information pertaining to any scholarship you may receive in print and electronic communications (e.g., the College or Foundation website and donor publications) and, if possible, to meet with donors at annual receptions or other events. We appreciate the courtesy you extend to those who have assisted you in meeting your educational goals.

________________________________________
Signature

________________________________________
Date

Rev 11/8/16