NYS Presidential Transfer Scholarship Application

Application deadline Monday, October 18, 2021, 11:59PM

Submitting your Application:

- Complete the information below.
- Save the file as **Lastname_Firstname.**pdf.
- Email as an attachment to **nyspt@sunysuffolk.edu** with "Scholarship Application" as the subject line.

Send in your application using your Suffolk County Community College email account.

Submitting your Letters of Recommendation:

- Your first letter of recommendation must be from a Suffolk Professor and must be emailed from the professor's college email account to **nyspt@sunysuffolk.edu.**
- Your second letter of recommendation, if not from a Suffolk professor, must be emailed from an official organization email account to **nyspt@sunysuffolk.edu**.

**Emails from yahoo, hotmail, gmail, etc. will not be accepted.*

Contact Information

First Name _____ Middle Initial _____ Last Name _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ SCCC ID# _____

SCCC Email _____@mail.sunysuffolk.edu Personal Email _____

Academic Information

Ammerman Campus, Selden
Eastern Campus, Riverhead
Michael J. Grant Campus, Brentwood

Home Campus _____ Cumulative GPA: _____ Semester of Graduation: _____

Major at SCCC: _____

Intended Major at four-year college: _____

I understand that by submitting this application I am giving permission for the scholarship committees to access my Suffolk transcript. _____

Initials

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First Name: Middle Initial: Last Name:
Suffolk ID#

Application Essays:
The following essays provide an opportunity for you to let the scholarship committee(s) know who you are. Selection will be based on superior academic achievement, as well as contributions to the college and/or community through activities, service, and leadership.

Essay 1: Describe your background. This may include specific moments that have affected you, people who have influenced you or your decisions, or challenges that have shaped you into the person you are today. Respond in 400 words or less.

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Essay 2: Describe your time at Suffolk County Community College. This may include campus involvement, leadership, community service, or challenges and struggles you may have experienced while attending classes. Respond in 400 words or less.

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Essay 3: What is a current issue in your intended career field, and how would you plan on addressing it? Respond in 400 words or less.

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Colleges Participating in the NYS Presidential Transfer Scholarship:
You may apply to one (1) of these colleges. Please select your college:

- ◯ Nyack College
- ◯ Pace University
- ◯ Vaughn College

I understand that not applying for FAFSA (Free Application for Federal Student Aid) and admission to the partner college before Monday, October 18, 2021, may automatically disqualify me from a NYSPT scholarship. _____
Initials

Essay 4: Why do you think this college is a good fit for you? Respond in 400 words or less.

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Activities Résumé (optional):
The following activities résumé will assist you in telling the scholarship committee(s) all that you have done to make the most of your experience at Suffolk County Community College.

Leadership: Please list any awards, recognition, or accomplishments that demonstrate excellence in the area of leadership. You may enter up to 3 items in this category.

Name of Organization:
Date:
Brief Description:

Name of Organization:
Date:
Brief Description:

Name of Organization:
Date:
Brief Description:

Campus Involvement: Please list any activities or events that contributed or enhanced the living/ learning experience for the campus community. You may enter up to 3 items in this category.

Name of Organization:
Date:
Brief Description:

Name of Organization:
Date:
Brief Description:

Name of Organization:
Date:
Brief Description:

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Community Service: Please list any awards, recognition, or accomplishments that demonstrate excellence in the area of community service. You may enter up to 3 items in this category.

Name of Organization:
Date:
Brief Description:

Name of Organization:
Date:
Brief Description:

Name of Organization:
Date:
Brief Description:

Academic Excellence, Arts, Athletics, Career Achievement, Other: The NYS Presidential Transfer Scholarship recognizes that our diverse student population includes many who cannot always be involved in campus activities; however, we would like to acknowledge your other achievements. Please list up to 3 awards, recognition or accomplishments that demonstrate excellence in the areas listed above.

Name of Organization:
Date:
Brief Description:

Name of Organization:
Date:
Brief Description:

Name of Organization:
Date:
Brief Description:

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AUTHORIZATION AND RELEASE FOR USE OF NAME, VOICE AND LIKENESS

I, _____, hereby grant Suffolk County Community College ("the College") irrevocable permission to use my name, voice, quotes, image, visual likeness, portrait, and photograph in all forms and media (including, but not limited to, publications, websites, catalogs, brochures, books, magazines, photo exhibits, motion picture films, and/or videos) (collectively referred to as "Works") for the following purposes:

1) Teaching;
2) Admissions applications;
3) Professional journal and papers;
4) Institutional publicity and public relations;
5) Archival purposes; and
6) Any other purpose which the College deems fit in the interest of education, knowledge, research, marketing, advertising, or public relations.

I agree that all right and title and interest in and to all such Works and any reproductions or derivative work thereof shall be the exclusive property of Suffolk County Community College.

Iunderstand that the College may keep or may use the Works and derivative works now and in the future.

I further consent to the use of my biographical material in connection with such photographs or other portraits or likenesses of me.

I agree that the College does not owe me any compensation for the acts I have consented to in this agreement.

I hereby release Suffolk County Community College, its officers, directors, agents and employees from all liability or legal responsibility that may arise from the acts that I have authorized or consented to herein.

I have carefully read and understand the terms and conditions of this Authorization and Release, and agree to be bound by them.

_____

Signature (typed) Date

_____

Printed Name

_____

(Signature of legal guardian is needed if subject is under 18)

_____

Printed Name of Legal Guardian Date

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COLLEGE ADMINISTRATIVE OFFICES
OFFICE OF THE REGISTRAR

Authorization to Release Education Information

_____ _____

Student Last Name, First Name **Student ID Number**

The Family Educational Rights and Privacy Act of 1974 (FERPA) serves to protect the privacy of students' education records. The right to review records resides with you, the student. However, you may choose to allow information in your education records to be released to others, such as parents. This signed form will allow Suffolk County Community College to release information contained in your education records, i.e., schedule/bill, grades/GPA, etc., to those you indicate below; and will be in effect until you officially change it. **This release does not grant the recipient the ability to: change any part of the record, add or drop classes, speak with a faculty member or other College official, or request that any portion of the record be sent to a third party.**

I, _____, authorize Suffolk County Community College to release information regarding my educational records to: (check all that apply)

☐ Name: _____ Relationship: Partner College

☐ Name: _____ Relationship: _____

☐ Name: _____ Relationship: _____

☐ Any and all print and electronic media outlets, in connection with publicity/news releases and/or marketing materials prepared by the College.

Optional: Please restrict access to the following information:

_____

Signature (typed): _____ Date: _____

Additional information regarding FERPA can be found on the Suffolk County Community College website at: www.sunysuffolk.edu/Registrar as well as Offices of the Associate Deans of Student Services and campus Registrar's Offices.

FOR OFFICE USE ONLY

Date received: _____ Signature of College Official: _____

Note to College Official: This document must be returned to the campus Registrar's Office.