Dowling Joint Admissions Success Scholarship

Application deadline - Monday, September 23, 2024

Contact Information

First Name | Middle Initial | Last Name

Street Address

City | State | Zip Code

Cell Phone | Home Phone | SCCC ID#

@mail.sunysuffolk.edu
SCCC Email

Personal Email

Academic Information

High School Graduation Year
High School Average/GPA
Major at Suffolk County Community College
Potential Major at Joint Admissions School

Which partner school did you apply to for Joint Admission?

- ◯ Adelphi University
- ◯ Farmingdale State College
- ◯ Hofstra University
- ◯ Molloy University
- ◯ NYIT
- ◯ St. John's University
- ◯ St. Joseph's University
- ◯ Stony Brook University
- ◯ SUNY Old Westbury

Please select the box if any of the following pertain to you:

- ☐ Currently a full-time student (12 credits or more/semester)
- ☐ First generation student
- ☐ A non-traditional student (adult learner), independent study, or fully on-line classes
- ☐ Able to file a FAFSA for the 2024-2025 school year
- ☐ Interested in aviation as a major

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Essay: Personal Statement. Tell the scholarship committee about yourself. This may include a brief background, attribute, leadership or accomplishment you may have.

Respond in about 300 words.

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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 age 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: Joint Admissions College

___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.