

APPLICATION NYSUVCW SCHOLARSHIP 202 *

Name: _____

Address: _____

Phone#: _____ Email: _____

Date of Birth: _____

Name of College or Branch of Service You Plan on Enrolling:

Name of High School: _____

Current Grade Point Average: _____ Class Size: _____

SAT/ACT Score _____ Class Rank: _____

Name of Reference: _____

List School Related Activities (Sports, clubs, etc.) _____

List Academic Achievements (National Honor Society, Honor Roll
etc): _____

List Community Related Activities (Charity or Volunteer work, scouting, etc.)

Attach a 500-word essay containing your name on the following topic: _____

_____ " It is expected that some
research will need to be done so please provide a list of your sources and citations.

Signature; _____ Date: _____

Completed applications, essay and one reference letter from a school counselor, teacher or
responsible member of your community should be mailed and postmarked no earlier than January
1 or later than March 31 to:

Department of New York SUVCW Scholarship

C/O _____

PLEASE NOTE THIS APPLICATION FORM MUST BE USED AS NO OTHER WILL BE ACCEPTED

(Photocopies of this form are acceptable) * **PLEASE REVIEW APPLICATION PROTOCOL FIRST**