

SUFFOLK COUNTY COMMUNITY COLLEGE

Scholarship Application Form

Name of Scholarship _____

(Note: complete a separate form for each scholarship)

Background Information

Name _____ Student ID# _____

Address _____

City _____ State _____ Zip Code _____

College Email Address _____

Phone Number: Cell (_____) _____ - _____ Home (_____) _____ - _____

Academic Information

Campus _____

Full-Time or Part Time _____

Directions:

- 1) Please submit a 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 an additional statement.
- 2) Arrange to have letters of recommendation forwarded (if required), or you may submit your recommendation letters with your application.
- 3) Submit the completed application form with all appropriate attachments by the specified due date. Check the online Scholarship Highlighted Programs at (sunysuffolk.edu/scholarships) for information on the due date and where to submit your materials.

Note:

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 12/1/2017