

SUNY SULLIVAN FOUNDATION SCHOLARSHIP APPLICATION

All applicants must be accompanied with required material for individual scholarship, such as high school transcript, college transcript, and/or essay.

Please return completed application to:

SUNY Sullivan
Office of Financial Aid
112 College Road
Loch Sheldrake NY 12759

APPLICANT'S NAME: _____

ADDRESS: _____

COUNTY OF RESIDENCE: _____

PHONE: () _____

HIGH SCHOOL: _____ DATE OF H.S. GRAD: _____

PROGRAM OF STUDY: _____

NAME OF SCHOLARSHIP: _____

AMOUNT: _____

DEADLINE FOR APPLICATION: _____

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For Office Use Only:

Amount Awarded: _____

Date of Award: _____

Financial Aid: _____