

# 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: \_\_\_\_\_

.....  
For Office Use Only:

Amount Awarded: \_\_\_\_\_

Date of Award: \_\_\_\_\_

Financial Aid: \_\_\_\_\_