



SCHOLARSHIP SUBMISSION FORM 2023

STUDENT PROFILE

Name: _____

Address: _____

Contact Number(s): (____) _____ ; (____) _____

Contact Email: _____

SS # (LAST FOUR (4) NUMBERS ONLY): _____
(This information will be used solely to coordinate disbursement of the scholarship award, however it is not required if one can not be provided for student)

SCHOOL INFORMATION

Current High School Attending: _____

Expected High School Graduation Date: _____

Prospected College or Trade School Attending: _____

Prospected College or Trade School Enrollment Date: _____

Contact Information

Parent or Primary Guardian Full Legal Name:

Parent or Guardian Contact Phone Number:

Parent or Guardian Contact Email:

High School Guidance Counselor Full Legal Name:

High School Guidance Counselor Phone Number:

High School Guidance Counselor Email:

ELIGIBILITY REQUIREMENT FOR SCHOLARSHIP

Name of Nominating School/Institution: _____

Please forward this form the completed documents to: scholarships@nysabprlinc.org
Monetary Scholarship Amount: **\$2,000.00**

Thank you in advance for your time and consideration.

District of Residence: _____

APPLICANT NAME: _____

APPLICANT SIGNATURE: _____

Check the box below before signing. Thank you in advance for your time and consideration.

I agree that all information stated above is true, and I have been enrolled/accepted into an accredited institution. The funds allocated to me will be used to fund my academic programming and/or personal support while enrolled in my accredited school.

THE NEXT PAGE IS A LIST OF REQUIREMENTS NEED FROM EACH STUDENT

OFFICIAL USE ONLY

Date Received:

Date Processed:

Comments: _____

LIST OF REQUIREMENTS NEEDED FROM EACH STUDENT

**PLEASE NOTE MEMBERS ARE PROHIBITED TO SELECT
RELATIVES FOR SCHOLARSHIP ALLOCATION!**

- **MUST BE A RESIDENT OF NEW YORK STATE**
- **MUST BE A GRADUATING HIGH SCHOOL SENIOR OR
CURRENTLY ENROLLED IN COLLEGE, UNIVERSITY OR
TRADE SCHOOL**
- **HIGH SCHOOL SENIORS MUST PROVIDE DOCUMENTATION
OF SECONDARY SCHOOL ACCEPTANCE LETTER**
- **MUST PROVIDE SIGNED & SEALED COPY OF TRANSCRIPTS
OR DIRECT EMAIL OF DOCUMENTATION FROM SCHOOL
COUNSELOR SHOWING EVIDENCE OF G.P.A. 2.0 OR HIGHER
ON A 4.0 SCALE**