

Part 1: Personal Contact Information

APPLICANT NAME _____

CODE# _____ (use last 4 digits of your phone number)

AFFIDAVIT: I certify that all information contained in this application is true.

Signature of Applicant _____
(Typed name will be considered signature)

I give my school counselor permission to discuss this application and any special needs or circumstances I may have with the Smithtown College Scholarship Committee representatives. I understand that a transcript and current schedule are required components of this application and I give the Guidance Department permission to release my transcript and current schedule.

YES

NO

Signature of Applicant (typed name will be considered signature)

Signature of Parent/Guardian (typed name will be considered signature)

Please Note: Both Applicant and Parent/Guardian signatures are required.

Student Contact Information

Cell: _____

Email: _____

Mailing address: _____

PARENTS/GUARDIANS:

Parents/guardians are encouraged to give the committee additional information as to why their child deserves this scholarship. Please use the last page of separate application (page 5) for your statement. To preserve anonymity, please do not mention your child by name but refer to them as "my child."

The parent/guardian statement is optional.

All applications must be emailed to SCSCApplication@gmail.com by May 17, 2024.