



Division 320 - SUNY Upstate Medical University **Scholarship Program**

Award Amount

Two \$500 scholarships awarded.

Deadline for Submission

Completed applications must be received by April 30th, 2010

Eligibility Requirements

- Open to all Division member's children, stepchildren or legal wards 21 years of age or younger.
- Must be enrolled full or part-time at an accredited 2 or 4 year school.
- Winners from last year are not eligible for current year.
- Winners will need to produce evidence of college matriculation or acceptance letter prior to receipt of scholarship.

Selection Criteria

- One winner of a \$500 award is selected by the committee based on merit and awarded for the fall semester.
- One winner of a \$500 award is drawn by lottery from the remaining contestants.
- Applications will be evaluated for merit according to the following weighted criteria:
 - 35% Financial need
 - 20% Scholastic achievement (to be assessed using GPA, SAT and/or ACT scores, class rank, etc.)
 - 15% Work achievement
 - 15% Community service
 - 15% Extracurricular activities

Application Instructions

- Completed applications should be submitted **by mail with a postmark not later than February 1st, 2010.**

**PEF Scholarship Application,
320 Division
PO Box 6872
Syracuse, NY, 13217 :**

Division 320 - SUNY Upstate Medical University
Scholarship Application Form

Cover Sheet

Applicant Identification Number:
(to be filled in by Div Council Leader prior to submission to Scholarship Committee) _____

Applicant's Name: _____

Address: _____

Division 320 Member: _____

Members Dept or Floor & Work Tel #: _____

Relationship to Applicant: _____

I certify that all the information included in this application is true to the best of my knowledge and I am aware in the event of any misrepresentation of facts I will be ineligible for the scholarship.

Applicant's Signature: _____

Date: _____

Member's Signature: _____

Date: _____

Applications are assigned an identification number prior to their review by the scholarship committee. The committee evaluates each application anonymously in order to be as fair and unbiased as possible.

Please do not include any personal identifying information on any page except this cover sheet.

**Division 320 - SUNY Upstate Medical University
Scholarship Application Form**

PLEASE PRINT LEGIBLY OR TYPE

Applicant Identification Number:
(to be filled in by Div Council Leader) _____

Number of persons in member's household
(including children in college) : _____

Number of persons (including Applicant) who will be
attending college during the next academic year: _____

Please list any other scholarships or grants
that the Applicant has been awarded: _____

Family gross income for preceding year: < \$20,000 \$20,000 - \$40,000
 \$40,000 - \$60,000 \$60,000 - \$80,000 \$80,000 - \$100,000 > \$100,000

SAT
Score: _____

ACT
Score: _____

Class
Rank: _____

Education

	Name/ Location	Years Attended	Major	GPA
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Other	_____	_____	_____	_____

Please describe your extracurricular activities and your degree of involvement:

