

## Application for Queensborough Community College Endowed Merit Scholarship

**APPLICATION PROCEDURES:** Please complete this application. Print all information and sign the form.

Applicant's Last Name		First Name		Middle Initial
Any prior Last Name used		Date of Birth Month:          Day:          Year:		<input type="checkbox"/> Male <input type="checkbox"/> Female
Applicant's Street Address		Apt. #	City	State      Zip Code
Mailing Address (if different from above)		Apt. #	City	State      Zip Code
Social Security No.	If you do not have a Social Security No., check here: <input type="checkbox"/>	Day Telephone No.	Evening Telephone No.	
E-mail Address, if available		Intended Major		
Did you submit an application for admission to the City University of New York? <input type="checkbox"/> No <input type="checkbox"/> Yes		Was Queensborough Community College listed as your (please check one): <input type="checkbox"/> 1st choice <input type="checkbox"/> 2nd choice <input type="checkbox"/> 3rd choice		

<b>HIGH SCHOOL/SECONDARY SCHOOL INFORMATION</b>	Name of High School	Date of graduation
High School Address	City	State      Zip Code
List any extracurricular activities (sports, clubs, band, yearbook, etc.) and community/volunteer activities. See other side for additional space.		
ACTIVITY NAME	DATES OF PARTICIPATION	OFFICES HELD
_____	_____	_____
_____	_____	_____
_____	_____	_____
List any special talents/interests and honors or awards received and/or volunteer jobs you may have held.		
_____		
_____		
_____		
<b><i>Please see other side of this form.</i></b>		

**ABOUT YOUR ESSAY:**

Your essay should inform the Committee about you and your career goals. It should be a minimum of 500 words, typed and double spaced. Indicate your name and Social Security Number on the top of your essay page and attach it to this application.

*You may use this space to continue your activities/talents/interests information from reverse side.*

**All applicants must sign here**

*I hereby certify that all the information in this application is accurate and complete. I realize that failure to file the appropriate application may affect my admission status. I understand that all the information contained in this application will be treated confidentially and will be used for institutional purposes only.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Forward your completed application and (2) letters of recommendation to:**

QCC Endowed Scholarship Committee  
Office of Admissions — Room A-210  
Queensborough Community College  
222-05 56th Avenue  
Bayside, New York 11364-1497

**OFFICE USE ONLY**

CAA \_\_\_ V \_\_\_ M \_\_\_ EXM: R \_\_\_ W \_\_\_ M \_\_\_ S.D. \_\_\_ AW \_\_\_ AL \_\_\_ RE \_\_\_