

# ACADEMIC MERIT SCHOLARSHIP FOR FRESHMEN

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		<input type="checkbox"/> Male <input type="checkbox"/> Female	
		Month:	Day:	Year:	
Applicant's Street Address		Apt. #	City	State	Zip Code
Mailing Address (if different from above)		Apt. #	City	State	Zip Code
Social Security No. or CUNY ID#	If you do not have a Social Security No., or CUNY ID#, check here: <input type="checkbox"/>		Evening Telephone No. or Cell Phone 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. If you need more space to tell us about your activities, talents and interests, you may include such information with your essay.		
_____		
_____		
_____		

**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.

**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: \_\_\_\_\_

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