

SUNY POTSDAM ALUMNI ASSOCIATION SCHOLARSHIP

Application Deadline: March 1

Scholarship Application

(To be completed by the applicant)

Name: _____

Address: _____

Telephone: _____ E-mail address: _____

High School: _____ Graduation date: _____

List of School/Community Activities (including offices held, awards): _____

I hereby authorize the Alumni Association Scholarship Committee access to all academic and financial records on file at SUNY Potsdam for purpose of scholarship selection.

Applicant's Signature

Date

To be completed by Potsdam alumna/us:

(Parent, grandparent or child of applicant)

Please write a sentence or two describing the applicant's qualifications, based on the above guidelines:

Alumna/us name: _____ Class year: _____

Address: _____

Telephone: _____ E-mail address: _____

Relationship to applicant: _____

Mail application & materials to SUNY Potsdam Alumni Office, 44 Pierrepont Ave, Potsdam, NY 13676
Or fax to: (315) 267-3172