



THE BRONX CUNY SCHOLARSHIP

APPLICATION FORM

Name _____

First

Last

Address _____

Street

City

State

Zip Code

Home phone () _____ Cell phone () _____ Email _____

*EmplID # _____ Gender: _____ Male _____ Female _____

U.S. Citizen _____ Permanent Resident _____ Student Visa _____ Other _____

Nationality _____

Undergraduate full-time: Freshman _____ Sophomore _____ Junior _____ Senior _____

Major: _____ Minor _____ (if any)

Number of currently registered credits _____

What scholastic honors or distinctions have you received?

List the most significant extracurricular and community activities (sports, art, music, clubs, social or public service etc.) in and/or outside of Lehman College, in which you have participated.

Organization	Duties/Activities	Length of Time	Name & Contact Information Of Supervisor or Faculty Advisor
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____





List any internship(s) and/or research experience(s) in which you have participated.

Organization	Duties/Activities	Length of Time	Name & Contact Information Of Supervisor or Faculty Advisor

List any work and/or volunteer experience.

Organization	Duties/Activities	Length of Time	Name & Contact Information Of Supervisor or Faculty Advisor

To be eligible for the award you:

- Must have a minimum 3.0 Grade Point Average (GPA)
- Must be in full-time attendance as an undergraduate (12 or more credits)
- Must have filed a Free Application for Federal Student Aid (FAFSA) for 2015-2016 academic year (please note that your total financial aid package including the scholarship cannot exceed the cost of attendance)

Please submit an essay which should include the following:

- Your academic accomplishments and career goals
- Why you are qualified to receive this award

Deadline to submit completed application and supporting documents: **November 6, 2015**

I hereby certify that all of the information in this scholarship request form is accurate and complete. I understand that all the information contained in this form will be treated confidentially and will be used for institutional purposes only. If awarded a scholarship, the organization may utilize this information for academic and/or promotional related issues in reference to the scholarship.

Signature _____ Date _____

