



**MARY DIXON ATKINS MEMORIAL  
BOOK SCHOLARSHIP  
MID-HUDSON SCHOLARSHIP FUND, INC.**

Scholarship Purpose: To provide support to a student who had a relative who graduated from SUNY New Paltz.

**CRITERIA:**

- A. Full time undergraduate student or graduate student or accepted freshman at SUNY New Paltz.
- B. Student must have a relative who graduated from SUNY New Paltz and who also lives in the Mid-Hudson area.
- C. Student must have well-defined goals and sincerity of purpose.
- D. A copy of the current transcript or schedule of classes from SUNY New Paltz.

Scholarships will be given out twice per academic year. The Scholarship will be paid by check payable to the student. A student may receive only one (1) award per school year.

**APPLICATION DEADLINE:**

MARCH 31st, 2024

**SUBMIT APPLICATION TO:**

Mary Dixon Atkins Mid-Hudson Book Scholarship  
Attn: Mid-Hudson Scholarship Fund Inc.  
10 Michelle Drive  
Gardiner, NY 12525

**or email to [mid-hudsonscholarshipfund@outlook.com](mailto:mid-hudsonscholarshipfund@outlook.com)**

NAME \_\_\_\_\_ DATE \_\_\_\_\_

COLLEGE NAME & ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

PERMANENT ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

CLASS YEAR: FRESHMAN    SOPHOMORE    JUNIOR    SENIOR    GRADUATE STUDENT

COLLEGE GRADE POINT AVERAGE \_\_\_\_\_ HIGH SCHOOL AVERAGE \_\_\_\_\_

NAME AND ADDRESS OF PARENT OR RELATIVE WHO GRADUATED FROM SUNY NEW PALTZ

NAME: \_\_\_\_\_ CLASS YEAR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ TELEPHONE: \_\_\_\_\_