MID-HUDSON SCHOLARSHIP FUND APPLICATION

2024-2025 MID-HUDSON SCHOLARSHIP FUND PROGRAM

| Student ID No | Date of Birth |
|--|--|
| College Address | |
| | Phone |
| Permanent Address | |
| | Phone |
| Primary e-mail address We v | vill use the permanent address and e-mail address you provide to communicate with you. |
| Spring 2024 Class Year: Fr | eshman Sophomore Junior Senior Graduate |
| Academic Major | |
| Cumulative Credits Comple | eted Cumulative Average |
| Expected Date of Graduation | on |
| Mid-Hudson Scholar Mid-Hudson Scholar | |
| Names of two (2) people w member): | hom you will ask to provide references (one must be a faculty |
| Name | |
| Department/School | |
| Name | |

Relationship _____

| Student's Signature | |
|---------------------|--|
|---------------------|--|

Date _____

YOU MUST SUBMIT A TRANSCRIPT WITH THIS FORM. MORE INFORMATION ON THE FOLLOWING PAGE.

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| Please list all extracurricular activities. | | | |
|--|-----------------------------|----------------|-----------------|
| On campus: | Degree/Level of Part | icipation: | |
| | | | |
| Off campus: | Degree/Level of Part | icipation: | |
| | | | |
| Have you applied for financial aid for 20 Please attach a one page essay stating w Scholarship Fund Scholarship. | | - | ludson |
| If selected for any scholarship, I allow th | e Mid-Hudson Scholarship | Fund to public | cize this award |
| Student's Signature | | | |
| Please indicate if you are a first generati | on college student. | YES | NO |
| Please indicate if either parent/relative i | is a graduate of SUNY New | Paltz. | |
| Name | Year of Grad | duation | |
| Name | Year of Graduation | | |
| NOTE: Applicants are responsible for seeing th | at their application is com | plete and incl | udes facultv |

recommendations.

Submit completed applications to:

Mid-Hudson Scholarship Fund 10 Michelle Drive Gardiner, NY 12525

Or email completed applications to: mid-hudsonscholarshipfund@outlook.com

DEADLINE: POSTMARKED BY March 31, 2024.