



NYAMA Member Student Scholarship Program

1. Please print or type all information.
2. If space provided is inadequate, please attach additional papers to the application.
3. School, community, and work experience relate only to the last 4 years.
4. All data you submit in support of this application becomes the property of SM.

APPLICANT DATA: Ms. Mr. Mrs. Home Tel # (____) _____ - _____

Last Name _____ First Name _____ MI _____

Home Street Address _____) _____

Home City _____ State _____ Zip Code _____

Email _____

NYAMA MEMBER DATA: Ms. Mr. Mrs. Work Tel # (____) _____ - _____

Last Name _____ First Name _____ MI _____

Work Street Address _____

Work City Address _____ State _____ Zip Code _____

Email _____

HIGH SCHOOL DATA:

6 digit code May be found at www.actstudent.org/regist/lookups

Name _____ City/State _____ Grad Date (mo/yr) _____

Cumulative GPA (on a 4.0 basis) Numerical/letter grades must be converted to a 4.0 basis

COLLEGE DATA:

Please list the accredited undergraduate US college/school you attend or plan to attend

Name _____ City State _____

Proposed Major _____ Proposed Graduation Date Month (mm) _____ Year (yyyy) _____

Cumulative GPA (on a 4.0 basis) Numerical or letter grades must be converted to a 4.0 basis

AFFIDAVIT: The signatures below affirm that all the information provided in this application, as well as supporting documents is true and complete to the best of our knowledge. If requested, we will provide proof. Failure to provide this proof shall invalidate this application and result in termination of any aid granted.

Signature of Applicant Date

Signature of NYAMA Member Date

EXTRACURRICULAR, COMMUNITY, VOLUNTEER ACTIVITIES AND AWARDS DURING THE LAST 4 YEARS:

If more space is needed for this and the following 2 sections, please duplicate this page – **résumés or any other format will not be accepted.** Please enter dates in a month and year (mm/yyyy) format.

Activity	from	to	hrs/ week	Activity	from	to	hrs/ week
	mo/yr	mo/yr			mo/yr	mo/yr	

Awards and/or offices held	Year	Awards and/or offices held	Year
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WORK EXPERIENCE DURING THE LAST 4 YEARS: Please enter dates in a month and year (mm/yyyy) format.

Position	from	to	hrs/ week	Position	from	to	hrs/ week
	mo/yr	mo/yr			mo/yr	mo/yr	

TRANSCRIPT: Please submit a transcript or a copy of your grades or unofficial transcripts.

STATEMENT OF GOALS AND ASPIRATIONS: Please attach a separate sheet of paper if this space is inadequate.

Your request for aid becomes valid **ONLY** when this application & all supporting documents are submitted to:

**NYAMA Member Student Scholarship Program
Scholarship Managers
PO Box 2810
Cherry Hill, NJ 08034**

APPLICATIONS MUST BE POSTMARKED NO LATER THAN SEPTEMBER 6, 2019

Please direct queries to the address above, or CALL (856) 616-9311 FAX (856) 616-9711
Email: scholarshipmanagers@scholarshipmanagers.com