

Suffolk County Chapter New York State School Facilities Association 2025 Scholarship Application

Mail completed application to: SC-NYSSFA PO Box 1252 Ronkonkoma, NY 11779

Applications must be postmarked by April 7th, 2025

Student's Name:	Date of Birth:					
Street Address:						
City:	State:		ZIP Code:			
Student Email:	C	ell Phone:				
Father's Name:	M	other's Name:				
Father's Employer:		Annual Salary:				
Mother's Employer:		Annual Salary:_				
Total Salary:	Pa	rent Email:				
Number of Siblings:Ages	s:					
College or University you plan on atter	nding in Fall:			_		
Field of Study:						
Education:						
School District:		_High School:				
Weighted High School Average:		_Class Rank (if known)):of			
Member of:						
National Honor Society: Yes	No (circle)					
Junior National Honor Society: Yes	No					
Honor Roll/Dean's List: Yes	No					

SAT Reasoning	g Test Scores (600	0-1600 combined, 800	each):	
Combined:	Critic	al Reading:	Mathematics:	
American Colle	ege Testing (ACT)) Standardized Test: (1-36 each test):	
English:	Math:	Reading:	Science Reasoning:	Writing:
Please list all A	dvanced Placeme	nt and/or Honors cou	rses taken in high school, gra	des 9-12:
Course Name C	Grade Achievemen	nt Test Score		
Attach addition	nal sheets if neces	sary.		
Community S	ervice Grades 9-	<u>12</u> :		
List any comm	unity service activ	rities or organizations	(e.g., Scouting, Church, You	th, Neighborhood, etc.)
Attach addition	al sheets if necess	sary.		

Athletics Grades 9-12: List all participation in high school athletics and any athletic achievements (League/County/State Honors or Titles): Attach additional sheets if necessary. **Employment Grades 9-12:** Provide a listing of any employment positions you have held: **Employer Position Dates of Employment** Attach additional sheets if necessary. Please attach copies of the following to your application: √ High School Academic Transcript. $\sqrt{\text{Two letters of recommendation from teachers or administrators at your school.}}$ $\sqrt{}$ One letter of recommendation from a community member. $\sqrt{\text{SAT Reasoning Score and/or ACT Results, if applicable.}}$ √ National Honor Society/Junior National Honor Society Certificates. $\sqrt{\text{Any other documents in support of your application you feel worthwhile.}}$ Applicant's Signature: _______Date: ______ Parent/Guardian Signature: ______ Date: _____ Parent/Guardian Signature: Date: Guidance Counselor's Signature: ______Date: