

NASSAU COMMUNITY COLLEGE FEDERATION OF TEACHERS
ONE EDUCATION DRIVE BLDG. F, ROOM 3293
GARDEN CITY, NEW YORK 11530-6793

STUDENT APPLICATION
FOR THE
Aaron Seligman Memorial Scholarship

In order to qualify for this scholarship **all** of the following information **must** be provided. Failure to do so will result in disqualification of your application.

A. PERSONAL DATA:

1.	LAST NAME	FIRST NAME	MIDDLE INITIAL (MR./MRS./MS.)	
2.	HOME ADDRESS _____			
	STREET	CITY	STATE	ZIP
3.	TELEPHONE # (_____) _____			
4.	"N" NUMBER			

B. PLEASE PROVIDE A TRANSCRIPT(S) THAT ATTESTS TO THE FOLLOWING:

5. YOU ARE IN GOOD ACADEMIC STANDING. YES NO
6. NUMBER OF CREDITS *CURRENTLY* ENROLLED IN AT NCC
7. NUMBER OF CREDITS *ALREADY* **COMPLETED** (PRIOR TO START OF SPRING SEMESTER)
8. CUMMULATIVE GRADE POINT AVERAGE IS *AT LEAST* 3.50. YES NO
9. **COMPLETED** (PRIOR TO START OF SPRING SEMESTER) A *MINIMUM OF 16* ACADEMIC CREDITS IN MATHEMATICS, COMPUTER SCIENCE AND/OR INFORMATION TECHNOLOGY PRIOR TO START OF SPRING SEMESTER?
YES NO

C. PLEASE ATTACH TWO LETTERS OF RECOMMENDATION ATTESTING TO YOUR ACTIVE INVOLVEMENT IN A LEADERSHIP ACTIVITY.

**DO NOT INCLUDE THE CURRENT SEMESTER FOR
REQUIRED COMPLETED CREDITS**

D. ESSAY STATEMENT: Please submit a *typed* essay (approximately 250 words) describing your educational and personal accomplishments as well as your future educational goals toward a baccalaureate degree. Remember this is a scholarship application; spelling and grammar are important. Be sure that it is clear and concise. Please adhere to topic and length requirements.

I AFFIRM THAT THE INFORMATION SUBMITTED ON THIS FORM IS COMPLETE AND ALL ATTACHMENTS ARE ACCURATE, TO THE BEST OF MY KNOWLEDGE.

SIGNATURE _____

PLEASE BE ADVISED THAT ALL INFORMATION ENTERED ON YOUR APPLICATION FORM MUST BE LEGIBLY WRITTEN OR TYPED, AND ALL OF THE FOLLOWING MUST BE INCLUDED.

- YOUR TYPED ESSAY
- A COPY OF YOUR REGISTRATION (BURSAR'S) RECEIPT FOR THE CURRENT SEMESTER
- A COPY OF YOUR MOST RECENT NCC TRANSCRIPT
- SIGNED APPLICATION
- TWO LETTERS OF RECOMMENDATION

NOTE: FAILURE TO INCLUDE ANY OF THE ABOVE WILL RESULT IN THE DISQUALIFICATION OF YOUR APPLICATION!

SUBMIT YOUR COMPLETED APPLICATION TO THE NASSAU COMMUNITY COLLEGE FEDERATION OF TEACHERS OFFICE (BLDG F ROOM 3293) NO LATER THAN NOON ON WEDNESDAY, MARCH 18, 2020.

COMMITTEE USE ONLY

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IS THE APPLICATION COMPLETE? YES _____ NO _____

PLEASE LIST MISSING ITEMS _____

DOES THIS APPLICATION MEET DONOR CRITERIA? YES _____ NO _____

IF NOT, WHY? _____

REVIEWER'S COMMENTS:

A. INITIALS _____ DATE _____ RATING _____

COMMENTS _____

B. INITIALS _____ DATE _____ RATING _____

COMMENTS _____

C. INITIALS _____ DATE _____ RATING _____

COMMENTS _____