



General Scholarship Application Form

Name _____

First

Last

Address _____

Street

City

State

Zip Code

Home phone (____) _____ Cell phone (____) _____ Email _____

*EmplID # _____ Gender: _____ Male _____ Female

U.S. Citizen _____ Permanent Resident _____ Student Visa _____ Other _____

Nationality _____

Degree: _____ Undergraduate _____ Graduate Status: _____ Full-time _____ Part-time

Major _____ Minor _____

Number of currently registered credits _____

What scholastic honors or distinctions have you received?

List the most significant extracurricular and community activities (sports, art, music, clubs, social or public service etc.) in or out of Lehman College, in which you have participated.

Organization	Duties/Activities	Length of Time	Name & Contact Information Of Supervisor or Faculty Advisor





List any internship(s) and/or research experience(s) in which you have participated.

Organization	Duties/Activities	Length of Time	Name & Contact Information Of Supervisor or Faculty Advisor
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List any work and/or volunteer experience.

Organization	Duties/Activities	Length of Time	Name & Contact Information Of Supervisor or Faculty Advisor
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Applying for individual scholarships

Please indicate which scholarship(s) you plan to apply for. Please note that each scholarship requires a minimum GPA of 3.0

- Lehman College Foundation Scholarship
- Bronx CUNY Scholarship
- Bronx Dominican Parade Scholarship
- St. George's Society Scholarship

• Please note that a particular scholarship may require for you to submit a separate application and additional documents such as essays, letter(s) of recommendation etc.

Biographical personal statement





Scholarship essay(s)

Applicants must print name here

I hereby certify that all of the information in this scholarship request form is accurate and complete. I understand that all the information contained in this form will be treated confidentially and will be used for institutional purposes only. If awarded a scholarship, the organization may utilize this information for academic purposes.

Applicant name _____ Date _____

For Office Use Only:

GPA: _____ Credits: _____

For further information please contact:

Scholarship Office

250 Bedford Park Blvd. West

Bronx, NY 10468

Shuster Hall room 205

718-960-8382

scholarship.office@lehman.cuny.edu

- *This form should be submitted only once.*

