EDWIN D. JENNISON Sr MEMORIAL SCHOLARSHIP PROGRAM



This APPLICATION and all additional pages must be submitted before APRIL 1, 2024 to the Scholarship Chair of the NY Chapter UPMA. Please read instructions carefully. INCOMPLETE applications will be disqualified. Type or print all additional information on individually and numbered 8-1/2" x 11" sheets of paper. Place your full name and address on top of each page submitted. Staple all sheets together in the order of the numbers on the application.

STUDENT INFORMATION:

years and your life goals.

1. Student full name		
Address:		
Phone	Email address:	
2. Birth Date:		
3. Father:	Mother	
Address	Address	
Occupation:	Occupation:	
4. NAME & OFFICE OF MEMBER PAR	ENT OR GRANDPARENT (circle one)	
	Office present or retired from:	
5. Application for scholarship to atter	nd the following school:	
Address		_
6.Have you applied for admission? _	Have you been accepted?	
(Be sure to include acceptance letter	with application)	

List the names of three references: Include two of your high school teachers. Ask each to write a letter of recommendation for you and attach them or send individually to the secretary/treasurer. These must be POSTMARKED NO LATER THAN April 1,2024

Write a biographical letter (not more than 400 words) discussing your plans for your college

Attach your latest	transcript from high school:	
School		_
City	State	
List LEADERSHIP	POSITIONS AND OFFICES HELD E	kample: Student
Example: Yearboo high school. List a AWARDS you have	k Staff, or Basketball List any volu ny paid work positions you have h	SHIP AND OTHER PARTICIPATION nateer work positions you have had during ad during high school. List HONORS OR aduation picture of the applicant to be at receives a scholarship.
Signature		
Date of Application	n	
The application de Send completed a Carol Commisso,	adline: Must be postmarked by Ap pplication to:	il 1, 2024.

Send completed application to: Carol Commisso, 11 Ambassador Dr Victor NY 14564 Email any questions to: ccommisso12@gmail.com