

Scholarship Application SAINT ANDREW'S SOCIETY OF THE STATE OF NY

150 East 55th Street New York, NY 10022

212-223-4248 office@standrewsny.org

			Date
Name (please p	rint)		
Current Mailing	(last) g Address:	(first)	(middle)
	(street & number)	(city)	(state) (zip)
Permanent Add	ress (if different from above)		
	(street & number)	(city)	(state) (zip)
Tel. Numbers:	Home	_ School / Cell	
Email address:			
Date of Birth_		Place of Birth	
Citizenship State	us		
Current Undergr	raduate School:		:ex
	of Study:	(4)	
Scholastic avera	ge: in all subjects	in major fields	
	ystem used		
Please enclose ar	n original sealed copy of your most	recent transcript.	
Proposed gradua	te Institution: 1st Choice		
Name:			ar
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	on:		
Onfact person at	I I-i		

Name:			
Degree:			
Area of Study:			
Date of application:			
Contact person at University:			
Please describe your Scottish lin	neage.		
List all schools or colleges you which you graduated, whether o	have attended, beginn not any credit wa	inning with the high school is received for courses taken	or preparatory school from
NAME OF HIGH SCHOOL	LOCATION	DATES ATTENDED	YEAR GRADUATED
NAMES OF COLLEGES	LOCATION	DATES ATTENDED	DEGREES
			775-915-1
If you have studied abroad, indi-	cate below the Uni	versity, field of study, locat	ion, and dates attended.
UNIVERSITY	LOCATION	DATES ATTENDED	AREA OF STUDY
If you have been out of school for school, please give details. You	or more than 4 cons may use an extra s	secutive months at any time theet of paper, if necessary.	since graduation from hi
	¥ .		
Please list the names, titles and c references. These persons shoul academic and/or personal qualifi	d be other than a re	of the two persons from we elative, and should be able t	hom you have requested o speak to your work,

POSITION	COMPANY	LOCATION	RATE OF PAY	DATES
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	scholarships, or other i		eceived, dates awarded and	the amounts.
If you rosoine	on annointeend or a Ct	A. J	5	
pay for your st	udy beyond the scholar	ship amount. Your financi	please indicate below how al arrangements should be co	onfirmed prio
annual costs fo	Saint Andrew's Scholar or your financial plannir	rship. Please contact your	target Scottish school and id	entify their
Please list any	academic or other hono	ors and awards you have re	ceived.	
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Name, a	ddress, and occupation of pa	arent(s) or guardian(s):	¥
Additio	nal Remarks:		
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	Date		Signature
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(Please i are unab	efer all questions regarding c e to advise on such details.)	curricula to The Secret	ary of the University you wish to at
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Appli	ation check list:		
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