



NYAmer 10-13 Associations

1000 Galleon Street
Port St.John, FL 32927

2024

Scholarship
Application

Personal Information

_____	_____	_____	____/____/____	_____
First Name	M.I.	Last Name	Social Security Number	Phone Number
_____		_____	_____	_____
Street Address		City	State	Zip Code
Month - Day -Year- of Birth ____/____/____		Male__	Female__	

Sponsor Information

_____	_____	_____	_____	_____
First Name	M.I.	Last Name	Phone Number	10-13 club affiliation
Date Retired From NYPD ____/____/____		Tax Registry Number _____	E-mail address _____	

Education Information

High School Presently Attending	College/University Planning to Attend
School Name _____	School Name _____
Contact Name _____	Contact Name _____
Phone# _____	Phone# _____
Grade Point Average (Weighted) _____ (Un-weighted) _____	Address _____
SAT Score (Math) ____ + (Critical Reading/Writing) ____ = ____ max1600	Date of First Semester ____/____/____
ACT Composite Score (____) max36	For Office Use Only: Scholarship Application # Assigned— <input type="text"/> Reviewer _____ Approved and Forwarded to Trustees for Scoring: <input type="text"/> Disapproved and Reason Why: _____ _____
You must provide proof of the above scores. You may do so through any Official Record made available to you by the high school you are currently attending.	
Date of Graduation ____/____/____	

Certification

I certify that to the best of my knowledge, the information provided in this application is the most current and correct. I have completed this application with the understanding that this application and the information provided is now the property of the "Foundation."

Applicants Signature _____ Date ____/____/____
Sponsors Signature _____ Date ____/____/____



Subscribed and Sworn to Before Me this _____ Day of _____, 20____
_____ Seal

How did you hear about the NYAmer 10-13 Scholarship and, how are you related to the retiree sponsoring this application?

Please add your e-mail address _____