

BRONX DOMINICAN PARADE APPLICATION FORM

Name						
First		Last				
Address						
Street	City		State		Zip Code	
Home phone (<u>)</u> Ce	ell phone (_)		_Email	
*EmpIID #		Gend	ler:	_Male	Female	
U.S. Citizen	Permanent Resider	nt Stu	ident Visa _	Oth	er	
Nationality						
Degree:	Undergraduate	_ Graduate	Stat	us:	_Full-time	_ Part-time
Major		Minor				
Number of curre	ently registered credits _					
	c honors or distinction					
List the most s social or public	ignificant extracurricu c service etc.) in or ou	lar and com t of Lehman	munity acti College, in	ivities (sp which yo	oorts, art, music ou have particip	, clubs, ated.

Organization Length of Time Name & Contact Information Duties/Activities

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 a	nd/or volunteer expe	erience.			
Organization	Duties/Activities	Length of Time	Name & Contact Information		
			Of Supervisor or Faculty Advisor		

Personal Statement/Scholarship Essay- please attach a separate sheet (maximum two pages)

(The statement/essay should include: personal history, academic and professional goals, how can a scholarship benefit you, why should you be awarded a scholarship, detail community and/or volunteer service etc.)

Eligibility requirements:

- -- Must be of Dominican and/or Dominican descent
- -- Must be a full-time undergraduate student (12 or more credits)
- -- Must have a minimum GPA of 3.0
- -- Must have filed a Free Application for Federal Student Aid (FAFSA) for the 2018-2019 academic year
- -- Must attend all events held by the Organization including the Bronx Dominican Parade
- -- Any community service locally and/or abroad is desirable





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 and/or promotional related issues in reference to the scholarship.

Applicant name	 Date

For Office Use Or	nly:	 	
GPA:	Credits:		

For further information please contact:

Scholarship Office

250 Bedford Park Blvd. West

Bronx, NY 10468

Apex building Room 240

718-960-8156

scholarship.office@lehman.cuny.edu

