

Orange County Community College
www.sunyorange.edu
Office of Financial Aid
2010-2011 Graduate Scholarships for Further Study at Four-Year Institutions

PLEASE TYPE OR PRINT CLEARLY

Name: _____ SS#: _____

Address: _____ Phone: () _____

City: _____ State _____ County _____ Zip Code _____

E-Mail Address: _____

SUNY ORANGE Major; _____ Graduation Date: 8/09 12/09 05/10

Intended Major Upon Transfer: _____ Career Goal: _____

Credits Completed at SUNY Orange: _____ Degree Type: AA AS AAS

Name of faculty members completing recommendation forms that you have had as an instructor:

_____ Department _____

_____ Department _____

Colleges attended other than SUNY Orange: _____ Date; _____

_____ # of Transfer Credits Received _____

Please list transfer colleges you have applied to in order of preference:

Transfer colleges ***applied*** to: _____

Transfer colleges ***admitted*** to and date admitted: _____

◆ **EXTRACURRICULAR COLLEGE & COMMUNITY ACTIVITIES**

Attach a separate sheet of paper listing extracurricular and community service activities including dates.

◆ **SCHOLARSHIP ESSAY**

(Must be typewritten, double-spaced, minimum of 250 words, signed, dated and attached to this application)

How has your education at SUNY Orange prepared you for the future?

I certify that the information supplied on this application and the attached essay is accurate and complete to the best of my knowledge.

Student Signature

Date