

The Clinical Society of Queens & Long Island

200-17 Linden Boulevard
St. Albans, NY, 11412
Tel: (718) 276-1353 Fax: (718) 276-1354

**The Clinical Society of Queens & Long Island is accepting
applications for its annual**

COLLEGE SCHOLARSHIP AWARD

September 2006 - June 2007

ELIGIBILITY REQUIREMENTS:

- African American or Hispanic male or female
 - Majoring in the Health Sciences or allied Health Profession
 - Candidate must be a senior high school student that has received acceptance as a matriculated freshman entering an institution of higher learning, or a student who is already enrolled and matriculated in an institution of higher learning.
 - Candidate must be a resident of Queens or Long Island but may attend school elsewhere.
 - Candidate must have demonstrated academic achievement with a high school minimum cumulative average of 80 (B) or a cumulative minimum G.P.A. of 3.2 on a 4.0 scale.
- ✓ *Candidate must meet with the Scholarship Committee for a personal interview.*

SELECTION CRITERIA:

- Letters of recommendation
- Scholastic achievement
- Financial need
- Adherence to deadlines for submission of requested documentation

EACH CANDIDATE MUST SUBMIT THE FOLLOWING:

Application/Information sheet

- Three letters of references:
 - Ø One letter from a community service organization or other institution, on official letterhead, describing your community involvement.
 - Ø One letter from a high school/college official, on official school letterhead, regarding your performance in school and extra curricular activities.
 - Ø One character reference letter from an adult other than a relative.
- An **OFFICIAL SCHOOL TRANSCRIPT:**
Transcript must include the FALL 2006 term – **DUE MARCH 15, 2006**

*****PHOTOCOPIES WILL NOT BE ACCEPTPED*****

- Official proof of registration (a bursar's receipt or other school specific documentation) from the high school college/university that you are attending - **DUE MARCH 15, 2006.**
- A two hundred (200) word personal statement, which should include your goals, accomplishments, community involvement, and reasons why you should be considered for our scholarship.

**APPLICATION AND REQUESTED MATERIALS MUST BE
RECEIVED OR POSTMARKED BY MARCH 15, 2006**

**Send application to: The Clinical Society of Queens & Long Island
200-17 Linden Boulevard
St. Albans, NY, 11412
Attn: Scholarship Committee**

The Clinical Society of Queens & Long Island

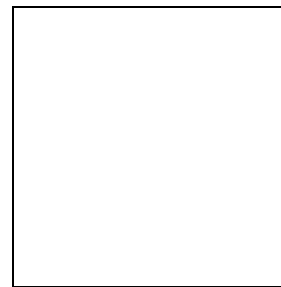
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**SCHOLARSHIP AWARD APPLICATION
2005-2006**

**SELECT THE SATURDAY WHEN YOU WOULD BE AVAILABLE FOR YOUR INTERVIEW:
(Note: Interview will take place between 10:00 am – 3:00 pm)**

April 22, 2006

Please attach a small
photograph of yourself ⇒



April 29, 2006

Please use a separate sheet of 8½ x 11 paper for your personal statement.

Print/type all responses.

Name: _____

Address: _____

Telephone #: (____) _____

Email: _____

Date of Birth: ____/____/____
mm/dd/yy

Male: _____

Female: _____

Mailing Address at College: _____

Telephone #: School (____) _____

Cell Phone (____) _____

Contact Person Other Than Self:

Name: _____

Address: _____

Telephone #: (____) _____

Relationship: (____) _____

FINANCIAL STATUS

Please indicate other source(s) of financial assistance that you are receiving or expect to receive this school year. Please indicate very clearly EACH INDIVIDUAL amount and the source of each amount. We will not accept a totaled amount.

SOURCE	AMOUNT

SOURCE OF INCOME	ANNUAL INCOME
Father: _____	
Mother: _____	
Your Own: _____	
Other: _____	

Social Security, Pension, Public Assistance, etc.

Total Income \$ _____

Total school expenses for the ensuing year \$ _____
(Actual or Estimated)

No. of children in your immediate family: _____

No. of dependent children living at home: _____

No. of children presently attending college: _____

No. of children attending private school: primary _____ secondary _____

Certification:

I certify that the above information is true to the best of my knowledge.

Signature: _____

Date: _____