



SUNY MARITIME COLLEGE

New Student Scholarship Application

Web site: www.sunymaritime.edu
Email: admissions@sunymaritime.edu
Phone: (718) 409-7221

SUNY Maritime College offers merit and need-based scholarships to its students annually. All students who are accepted for admission and meet the required criteria are eligible for merit or need-based scholarships. A list of scholarships is attached.

To apply, please complete the following information and return this form to the Admissions Office, SUNY Maritime College, 6 Pennyfield Avenue, Throggs Neck, NY 10465.

PLEASE NEATLY PRINT

Name: _____ Social Security No.: _____
Last First Middle Initial

Home Address: _____
Street City State Zip

Home Phone Number: _____ Parent Cell Phone: _____

Student Cell Phone: _____ E-mail Address: _____

Major/Area of Interest: _____

SAT and/or ACT Score _____ GPA (at time of application) _____
(Please notify Admissions Office ASAP if SAT or ACT scores have increased)

Please check all that apply to your interests: Regiment/License Regiment/Non-license
 Civilian/Non-license NROTC Undecided

List in order of importance to you the activities in which you participate both inside and outside of school (i.e. community, church, etc.)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Honors or awards: _____

Please briefly answer the following three essay questions. Please type or neatly print your response on a separate sheet of paper and attach to this application. Please include your full name and Social Security number in the left hand corner of the attached page.

1. What interests you about Maritime College and why?
2. Identify someone you know who has outstanding qualities and describe these qualities briefly. Which of these qualities do you presently see in yourself? Which do you think you can gain with additional training and guidance?
3. Describe a challenge and/or difficulty that you faced and how you went about overcoming it?

FINANCIAL INFORMATION

Gross Income:

Father: _____ Mother: _____ Guardian: _____
Self: _____

Number of people in your immediate family (including self): _____

Are you planning on applying for federal financial aid (FAFSA)? Yes No

If known, please indicate your Expected Family Contribution (refer to Student Aid Report):

Have you applied for the four year, full tuition Cadet Appointment Program (CAP) Scholarship? (New York residents only) Yes No

Have you been awarded any scholarships? Yes No

If yes, which scholarship(s)? _____

WAIVER & STATEMENT OF TRUTH (Please Read, Sign and Date)

I, _____, agree to allow SUNY Maritime College to share the content of this application with any donors involved in awarding scholarships. If awarded a scholarship I permit my name and photograph to be released to the media. Furthermore, I permit the SUNY Maritime College administration to discuss scholarship matters with my parent(s) and/or guardian.

By signing this document I am declaring all information to be truthful and accurate.

PRINT NAME

SIGNATURE

DATE