



Qualifications:

- Financial Need: Student would not be able to attend a four-year college without this financial aid.
- Scholastic Ability: Student must show intellectual promise. Student must have the scholastic ability to complete a full four year college course.
- Responsibilities: Student must have some maturity, and have shown a sense of responsibility to him/herself, his/her family, and the community.

School or College:

An accredited reputable four-year college or university in the United States of America.

Amount of Award:

A maximum of \$25,000.00 renewable per year to outstanding Yonkers public school students with extraordinary financial need. This scholarship will be renewed yearly for a maximum of four consecutive years, provided the selected person completed work towards receiving a four-year degree.

Application Must Be Received By February 15, 2020

Type or print all information. Completeness and neatness ensure your application will be reviewed properly.

APPLICANT INFORMATION

Full Name _____ Date of Birth Month _____ Day _____ Year _____
 Permanent Home Mailing Address _____ Apartment # _____
 City _____ State _____ ZIP Code _____
 Phone (_____) _____ Cell Phone (_____) _____
 Email Address _____ Indicate Status (for statistical purpose only) Male Female

PARENT/GUARDIAN INFORMATION

Father's Name _____ Occupation _____ Yearly Income _____
 Mother's Name _____ Occupation _____ Yearly Income _____
 Father/Mother Preferred Phone (_____) _____ Email _____
 Do you live with both parents? Yes No If not, please explain _____

 Sibling Names: _____ Age _____ Sibling Names: _____ Age _____
 Sibling Names: _____ Age _____ Sibling Names: _____ Age _____

HIGH SCHOOL INFORMATION

School Name _____ Guidance Counselor _____
 Graduation Date _____ Academic Standing in Graduating Class Upper 10% 20% 30% Applicant ranks _____ in a class of _____

TRANSCRIPT INFORMATION

An Official Transcript must be sent with this application. Grade reports are not acceptable.

<u>Cumulative Grade Point Average</u>		<u>SAT</u>		<u>ACT</u>				
Weighted: _____/4.0 scale	Unweighted: _____/4.0 scale	Evidence-Based Reading & Writing	Math	English	Math	Reading	Science	Composite

Sending a resume does not replace any part of this application. If space provided in any section is inadequate, you may continue on additional sheets. Attachments must follow the same format. **Do Not** repeat information already reported on the application form. Your name, address and name of this scholarship program should be included on all attachments.

WORK EXPERIENCE

Describe your work experience (part/full time) during the past four years (e.g., food server, babysitting, lawn mowing, office work). Indicate dates of employment for each job and approximate number hours worked each week.

Employer/ Position	From Mo/Yr	To Mo/Yr	Hours Per Week	Were You Paid to Work?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

ACTIVITIES, AWARDS AND HONORS

List all school activities in which you have participated during the past four years (e.g. student government, music, sports, etc.). List all community activities in which you have participated without pay during the past four years (e.g., Boy/Girl Scouts, hospital volunteer, Special Olympics). Note all special awards, honors and offices held.

Activity	No. of Years Partic.	Special Awards, Honors	Offices Held	Activity	No. of Years Partic.	Special Awards, Honors	Offices Held

Make a brief statement or summary of your plans as they relate to your educational and career objectives and long-term goals.

GOALS AND ASPIRATIONS

List the Colleges to which you have applied, please check the schools that have accepted you.

COLLEGE INFORMATION

Name of School:	<input type="checkbox"/> Accepted	Name of School:	<input type="checkbox"/> Accepted
_____	<input type="checkbox"/> Accepted	_____	<input type="checkbox"/> Accepted
_____	<input type="checkbox"/> Accepted	_____	<input type="checkbox"/> Accepted
_____	<input type="checkbox"/> Accepted	_____	<input type="checkbox"/> Accepted
_____	<input type="checkbox"/> Accepted	_____	<input type="checkbox"/> Accepted
_____	<input type="checkbox"/> Accepted	_____	<input type="checkbox"/> Accepted

Please list the name and annual amount of any grants or scholarships you have been awarded for the coming school year only.

OTHER AWARDS

Name of Award:	School to which award will be applied:	Amount:	Check One:
_____	_____	\$ _____	<input type="checkbox"/> Granted <input type="checkbox"/> Pending
_____	_____	\$ _____	<input type="checkbox"/> Granted <input type="checkbox"/> Pending
_____	_____	\$ _____	<input type="checkbox"/> Granted <input type="checkbox"/> Pending
_____	_____	\$ _____	<input type="checkbox"/> Granted <input type="checkbox"/> Pending

The applicant's parents or guardians must complete this portion of the application. Adjusted gross income and total federal income tax amounts should be from parents' most recently filed tax return. To be considered for an award, this section must be filled out completely.

PARENT/GUARDIAN FINANCIAL DATA (REQUIRED)

1. State of Residence.....	_____	6. Medical and Dental Expenses not paid by Insurance (exclude premiums).....	\$ _____
2. Adjusted Gross income (FORM 1040).....	\$ _____	7. Total Cash, Checking, Savings, and Cash Value of Stocks (exclude retirement plan funds, IRS 401K).....	\$ _____
3. Total Federal Income Tax Paid (FORM 1040).....	\$ _____	(Not the amount withheld from paychecks)	
4. Total Income of Parent 1/Guardian	\$ _____	8. Total number of family members living in the household and primarily supported by the reported income # _____	
Total Income of Parent 2/Guardian	\$ _____	9. Marital Status of parent or guardian:	
5. Yearly Untaxed Income and Benefits:		<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Single	
Please Indicate Source –		10. Of the total number of family members on line 8, number of students attending college at least half-time during the next school year (include applicant, exclude parent/guardian) # _____	
<input type="checkbox"/> Social Security <input type="checkbox"/> Child Support			
<input type="checkbox"/> Other	\$ _____		

Please DO NOT provide your Social Security Number on your application or on any documentation, it is not a requirement. If a document such as tax documentations contain social security information, be sure to submit your application via secure mail or it will be considered an invalid application.

APPLICANT CHECKLIST

The Student is responsible for submitting all supporting documentation to the Smalley Foundation on time. **Incomplete applications will not be evaluated.** This application becomes complete and valid only when all of the following materials have been received.

- Two letters of recommendation
- Official High School Transcript
- SAT/ACT Scores
- Copy of Page 1 of the most recently filed tax return, IRS Form 1040

All documentation, including application and transcript must be returned via email or by mail no later than February 15, 2020 to:
admin@thesmalleyfoundation.org

or via mail to:
 The Smalley Foundation, Inc.
 P.O. Box 1088
 Manhasset, NY 11030

Smalley Foundation, Inc. has the sole responsibility for selecting recipients based on criteria as set forth in the foundation's By-Laws. This application becomes the property of The Smalley Foundation. It is recommended you keep a copy for your files.

CERTIFICATION

I acknowledge decisions are final. I certify I meet eligibility requirements of the foundation as described in the guidelines and the information provided is complete and accurate to the best of my knowledge. If requested, I will provide proof of information, including an official transcript of grades and a copy of my/parent (guardian) U.S. Income Tax Return. Falsification of information may result in termination of any award granted.

Applicant's Signature _____ Date _____

Parent's Signature _____ Date _____