



SCHOLARSHIP APPLICATION FORM

(Please clearly print to avoid rejection)

I. Personal Information

First Name _____ M.I. _____ Last Name _____

Date of Birth (MM/DD/YYYY) ____ / ____ / ____ Male / Female / Other

Home Address

Street Address and/or P.O. Box

Town/Village _____ State _____ Zip Code _____

Student's Phone _____ E-mail _____

Parent/Legal Guardian Phone _____ E-mail _____

(* Applicant must be a resident of the East End of Long Island, New York

Personal Conditions

Please check all that apply to you:

- Orphan
- Parents unemployed
- First in your family to attend college

Number of persons in your household (including yourself) _____

II. School Information

Please provide information about the High School you attend, including a counselor's phone number and/or e-mail address:

Name of High School _____

Counselors Name _____

Expected Date of Graduation (MM/DD/YYYY) ____ / ____ / ____
Street Address _____
Town/Village _____ State _____ Zip Code _____
Counselor's Phone _____ E-mail _____

Please provide information about the College (if already enrolled) or plan to attend (if a high school graduate):

Name of University/College _____
Enrollment Date _____ Program Attended _____
Student ID Number _____ E-mail _____

III. Student Information

Yearly Average (for high school graduates) _____
Have you ever received a scholarship? Yes / No If yes, describe _____

Where did you use the scholarship? _____

IV. Eligibility Requirements

A college scholarship, in the amount of **\$500.00 or greater**, is meant to be applied to costs at a public College/University/Trade School. The aim of the Elias Foundation Inc College Scholarship Program is to allow motivated and successful students, who lack the needed financial resources, to pursue higher education. In order to be eligible for a scholarship, a student must meet both financial and merit requirements, as established below and a letter on school letterhead must be provided by the school counselor or administrator attesting to the following:

Income requirements

- Total household income must not exceed US\$100,000 per year.

Merit requirements

- High school graduate who are enrolling in college: minimum yearly average must be 85% or higher.
- Current enrollment in high school and in good standing the school

****Please make sure to meet both Income and Merit requirements before submitting your application. Applicants who do not meet the eligibility requirements and/or fail to submit the required documentation will not be considered.**

V. Agreement

I, _____, affirm that the above application has been completed voluntarily and the information provided and any additional documents submitted are accurate and true to the best of my knowledge. I agree to be contacted by the Elias Foundation, Inc. to provide further

information about my application, if needed. I also hereby authorize Elias Foundation, Inc. to contact the school I attend/attended to verify or request any information necessary to aid in the determination of my scholarship eligibility. I give Elias Foundation, Inc. the permission to review with the committee any official or unofficial documents to demonstrate my academic progress and status. I also understand that if I provide any false information, Elias Foundation, Inc. reserves the right to pursue disciplinary or legal action and revoke my scholarship, if already awarded. I agree to hold the Elias Foundation and its agents harmless for any and all potential injury and claims related to my personal information in the past, present, and future. I hereby give the Elias Foundation permission to share my personal information with public if I am awarded the scholarship and I understand that that the awarded funds will be paid directly to my school towards my tuition or supplies if I am the recipient of the scholarship.

I hereby agree to the above information and if the applicant is a minor, the parent/legal guardian acknowledges agreement. To be signed in front of a Notary Public.

_____ Student _____ Date

_____ Parent/LegalGuardian. _____ Date

NOTARY PUBLIC

State of: _____ County of: _____
On this _____ Day of _____, 20____, before me,
The undersigned Notary Public, personally appeared

Proved through satisfactory evidence of Identification, which
Were _____, to be the person whose name is signed
On the preceding or attached document and acknowledge

Your name _____ Notary Public
My commission expires: _____

School Counselor or Administrator's Acknowledgement of information provided

The information on this application has been reviewed by me and to the best of my ability is known to be factual and without false claims.

Name _____ Date _____

Please return completed application and appropriate documentation, and email it to:
cpoulos@elias-foundation.org

Elias Foundation, Inc.
332 West Montauk Highway
Suite 5
Hampton Bays, NY 11946