

Dear Scholarship Applicant,

Thank you for your interest in our undergraduate scholarship program.

For scholarship consideration, all of the following criteria must be met:

1. Complete scholarship application clearly and accurately.
2. Provide a letter of **certification** from your physician verifying that you are an individual with Sickle Cell Disease and/or Thalassaemia.
3. Provide **two** (2) letters of recommendation – one from a faculty member and one from a non-family member.
4. For current college students:
 - a) Submit an unofficial transcript that reflects a cumulative GPA of at least 2.75 for the 2016-2017 academic year.
(Please note: An official transcript is required if selected as a winner).
 - b. Selected recipients **must** provide a Bursar receipt for the 2017-2018 Academic year.
5. Write a 500-word essay answering the **appropriate** question provided below.
6. All entering undergraduate freshmen must submit a copy of their college acceptance letter.

ESSAY QUESTIONS: (Please draft and submit your response with the application)

For High School Seniors (Entering College Freshman)

What challenges or obstacles do you anticipate facing as a college freshman?
What steps do you plan to take to overcome them?

For Undergraduate College Students

Describe the solutions you would propose to improve or resolve a current issue, such as healthcare, the economy, discrimination, or a current topic of your choice.

**All required documents must accompany your application
postmarked by August 4, 2017 to be considered.**

All scholarships are distributed by November 1, 2017.

Please submit your completed application and supporting documents to:

SCTPN-Scholarship
1139 St. Johns Place
Brooklyn, N.Y. 11213

Or Email and attach your documents to: scholarship@sctpn.net

Please Check One: New Applicant Renewal Applicant

APPLICANT INFORMATION		
FIRST NAME:	LAST NAME:	DATE OF BIRTH:
GENDER: MALE FEMALE	EMAIL:	
ADDRESS:		
CITY:	STATE:	ZIP:
HOME PHONE:	ALT. PHONE: (CELL)	
COLLEGE/UNIVERSITY INFORMATION		
SCHOOL:		
CLASS:	HIGH SCHOOL SENIOR	COLLEGE FRESHMEN SOPHOMORE JUNIOR SENIOR
IF HIGH SCHOOL SENIOR, NAME OF HIGH SCHOOL:		
MAJOR:	MINOR:	
EXPECTED GRADUATION DATE:	GPA:	
WORK EXPERIENCE (ATTACH CURRENT RESUME – OPTIONAL)		
EMPLOYER NAME:	DESCRIPTION OF DUTIES / EXPERIENCE:	
EMPLOYER PHONE:		
EMPLOYMENT DATE:		
SUPERVISOR NAME:		
EMPLOYER NAME:	DESCRIPTION OF DUTIES / EXPERIENCE:	
EMPLOYER PHONE:		
EMPLOYMENT DATE:		
SUPERVISOR NAME:		
LIST ALL EXTRACURRICULAR ACTIVITIES		
LIST EDUCATION AND CAREER GOALS		
HOW DO YOU PLAN TO UTILIZE YOUR SCTPN SCHOLARSHIP AWARD?		
<i>By signing this application, I certify that all information provided is truthful and accurate.</i>		
Signature:	Date:	