

Dear Scholarship Applicant,

Thank you for your interest in our undergraduate scholarship program.

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2. Provide a letter of **certification** from your physician verifying that you are an individual with Sickle Cell Disease and/or Thalassemia.
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 2014-2015 academic year.  
**(Please note: An official transcript is required if selected as a winner).**
  - b. Selected recipients **must** provide a Bursar receipt for the 2015-2016 Academic year.
5. Write a 300-500 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**

Pick an experience from your own life and explain how it has influenced your development.

**All required documents must accompany your application  
postmarked by July 20, 2015 to be considered.**

**All scholarships are distributed by October 31, 2015.**

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](mailto:scholarship@sctpn.net)

**Please Check One:**       New Applicant                       Renewal Applicant

**APPLICANT INFORMATION**

FIRST NAME:	LAST NAME:	DATE OF BIRTH:
GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	EMAIL:	
ADDRESS:		
CITY:	STATE:	ZIP:
HOME PHONE:	ALT. PHONE: (CELL)	

**COLLEGE/UNIVERSITY INFORMATION**

SCHOOL:					
CLASS:	<input type="checkbox"/> HIGH SCHOOL SENIOR	<input type="checkbox"/> COLLEGE FRESHMEN	<input type="checkbox"/> SOPHOMORE	<input type="checkbox"/> JUNIOR	<input type="checkbox"/> 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**

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**LIST EDUCATION AND CAREER GOALS**

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**HOW DO YOU PLAN TO UTILIZE YOUR SCTPN SCHOLARSHIP AWARD?**

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***By signing this application, I certify that all information provided is truthful and accurate.***

Signature:	Date:
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**ESSAY QUESTION:** (Write a 300-500 word essay answering the appropriate question provided below.)

**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**

Pick an experience from your own life and explain how it has influenced your development.

**ESSAY RESPONSE:**

FULL NAME: