



2024-2025 MBHSAA of NEW YORK COLLEGE BOUND SCHOLARSHIP AWARD APPLICATION

First Name MI Last Name _____

Date of Birth (MM/DD/YYYY) _____ Age _____

Year of Graduation _____ Overall Grade Average _____

CSEC _____ CAPE _____

University/College _____

PARENT/GUARDIAN INFORMATION

Parent /Guardian Name: _____

Address: _____

Telephone Number(s): _____ Email Address _____

**I certify that the information provided on this application and on the accompanying statement, is true, correct and submitted in all honesty. I have not knowingly omitted, misrepresented, or withheld any facts or circumstances that could otherwise jeopardize favorable consideration of this application.

Student signature: _____ Date: _____

Parent/Guardian signature: _____ Date: _____

Principal signature: _____ Date: _____

Deadline for applications: August 5, 2024

Applications must be submitted to: education@mbhsaany.org