



## 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: July 28, 2023**

**Applications must be submitted to: [osangster@mbhsaany.org](mailto:osangster@mbhsaany.org)**