

SHOMRIM SOCIETY
NEW YORK CITY POLICE DEPARTMENT
2019 SCHOLARSHIP APPLICATION

Please **Type or Print clearly.**

Name _____

Address _____

City _____ State _____ Zip _____ Phone # _____

Date of Birth _____ Sex _____ SS# _____

Members Name _____ Active _____ Retired _____

Members Relationship to applicant: Father _____ Mother _____

Name and Address of High School now attending _____

Applicants E Mail Address _____

Name of College you will be attending in fall 2019 _____

The Scholarship is open to all High School seniors who are **children of Active or Retired members in **good standing** of the Shomrim Society.

**Applicant must be attending College in fall 2019

The Scholarships will be awarded based on **S.A.T scores

This application along with a **CERTIFIED copy of your **S.A.T.** score must be received by **May 1, 2019** or you will **not** be considered for an award. **NO EXECPTIONS.**

Proof of acceptance to the school must be provided before scholarship award can be given.

Please send completed Application to:

Shomrim Society
Stuart Portner
Executive Secretary
550 H Grand Street Apt 12B
New York, NY 10002-4229