

SHOMRIM SOCIETY  
NEW YORK CITY POLICE DEPARTMENT  
2020 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 2020 \_\_\_\_\_

\*\*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 2020

\*\*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, 2020** 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