



YEAR 1 APPLICATION FORM

\$5000 SCHOLARSHIP AVAILABLE TO COMMUNITY COLLEGE WOMEN TRANSFERRING TO ANY ACCREDITED FOUR-YEAR COLLEGE

THE FREYA MOSKOWITZ STERN SCHOLARSHIP, NAMED IN HONOR OF OUR GRADUATE AND THE FINCH COLLEGE ALUMNI SCHOLARSHIP

THE AWARD TOTAL OF \$5,000 IS TWO FOLD:

Year 1: Upon graduating from a community college and transferring to a four-year college, \$2,500.

Year 2: Upon entering the final semester before graduation of the four-year college, \$2,500.

YEAR 1 APPLICATION CHECKLIST

DEADLINE: MAY 15 OF YEAR OF APPLICATION

Send all items listed below as email ATTACHMENTS (PDF files ONLY) to

SCHOLARSHIPS@FINCHCOLLEGE.ORG:

1. This Application Form, TYPED in Adobe Reader ONLY (Do Not use Apple Preview). Go to FinchCollege.org, then SCHOLARSHIPS, then OBTAIN APPLICATION FORM for detailed instructions. DO NOT FILL OUT FORM BY HAND.
2. Submit a convincing narrative in less than 1000 words stating why you should receive THE FREYA MOSKOWITZ STERN or THE FINCH COLLEGE ALUMNI SCHOLARSHIP. This is the most important aspect of the application. Emphasize qualifications, academic achievements, turning points in your life, leadership and how courses taken will support your life goals. Include your name on the heading.
3. Enclose a current resume of study and work experience. Include your name and community college on it.
4. Enclose a print out of your college transcript(s). Also include those of any other colleges you have attended.
5. Submit two PDF letters of recommendation from faculty members attesting to the applicant's work experience and academic achievements. List names and email address on application. All letters of recommendation must be on Community College letterhead and signed by the professor.
6. Proof of age over 22: copy of drivers license, birth certificate or official document.
7. Proof of United States Citizenship or United States Permanent Green Card.

YEAR 1 APPLICATION FORM:

NAME:

First Name

Middle / Maiden Name

Last Name

BIRTHDATE (MM/DD/YYYY): _____

PERMANENT HOME ADDRESS:

Street Address 1

Street Address 2

City

State

Zip Code

MAILING ADDRESS IF DIFFERENT:

Street Address 1

Street Address 2

City

State

Zip Code

PHONE NUMBER:

CELL PHONE:

EMAIL ADDRESS:

COMMUNITY COLLEGE NOW ATTENDING: (Must be in New York, New Jersey, or Connecticut)

Name of College

Street Address

City

State

Zip Code

PREVIOUS COMMUNITY COLLEGE OR FOUR YEAR COLLEGE ATTENDED:

Name of College

Street Address

City

State

Zip Code

Credits Received

Dates Attended

FOUR YEAR COLLEGES TO WHICH YOU WILL APPLY:

1. _____
Name of College

Street Address

City

State

Zip Code

2. _____
Name of College

Street Address

City

State

Zip Code

NAME & EMAIL ADDRESS OF FACULTY WRITING LETTER OF RECOMMENDATION:

1. _____
Name

Email Address

2. _____
Name

Email Address

IF SELECTED, THE SCHOLARSHIP RECIPIENT WILL BE NOTIFIED VIA EMAIL. IN ORDER TO RECEIVE THE CHECK, SHE MUST SUBMIT BY PDF TO SCHOLARSHIPS@FINCHCOLLEGE.ORG:

1. Her personal letter of acceptance of the Scholarship and how she will use the funds.
2. A copy of the letter of acceptance from the four year college she will attend.
3. Her social security number.
4. Official final transcript from all community colleges attended.
5. A personal photo to be used for Finch College Foundation newsletters and publicizing the scholarship.
6. Your student email address and your student mailing address at the four-year college.
7. A follow-up annual report evidencing that Scholarship is being used for the purpose approved by The Board of Trustees and that student is in good standing.

ALL MATERIALS SUBMITTED BECOME PROPERTY OF THE FINCH COLLEGE ALUMNI ASSOCIATION TRUST AND MAY BE USED FOR BROCHURES, NEWSLETTERS AND PUBLICITY FOR THE FINCH COLLEGE ALUMNI ASSOCIATION FOUNDATION TRUST SCHOLARSHIP PROGRAM.

**Finch College Alumni Association Foundation Trust
954 Lexington Avenue, #183 ~ New York, NY 10021
FinchCollege.org**