

2004-2005 COLLEGE SCHOLARSHIP PROGRAM

APPLICATION FOR CURRENT HIGH SCHOOL SENIORS

All three parts of this application must be postmarked on or before January 31, 2005. Late or incomplete applications will not be considered.

In order to be eligible for this scholarship, you must be a current senior in a high school in the New York Metropolitan area, expecting to graduate in the year 2005.

Please type or print clearly the information requested. Make sure to put your name on all sheets.

PART I: Complete this Questionnaire on both sides and sign.

PART II: Attach a page listing what you consider to be your most important activities and achievements, including academic honors, community service, work experience and extracurricular activities. Please include dates and, where appropriate, duration of activity.

PART III: Attach two brief essays (500 words each, double spaced with your name in upper right hand corner) describing
 1) An experience that shaped who you are today.
 2) How to increase the visibility and power of Asian Americans in New York.

PART I

APPLICANT

Mr. Ms. First Name Middle Last Name

Home Mailing Address _____ Apt. _____

City _____ State _____ Zip _____

Telephone () _____ E-mail Address _____

Social Security Number _____ Ethnicity _____ U.S. Citizen Permanent Resident

High School _____ Special Program, if any _____

Street Address _____

City _____ State _____ Zip _____

Counselor's name _____ Telephone () _____

Expected Graduation (month/year) _____ Grade point average _____

Name of College Admitted _____ Location (city/state) _____

PARENT OR LEGAL GUARDIAN

A Mr. Ms. Mrs. First Name _____ Middle _____ Last Name _____

Single Married Divorced Widowed Relationship to Student _____

Occupation _____ Employer _____

If self-employed, specify type of business and position held _____

Highest Level of Education Completed (check only one)

none grade school high school college graduate school

School of highest education level _____ Location _____

B Mr. Ms. Mrs. First Name _____ Middle _____ Last Name _____

Single Married Divorced Widowed Relationship to Student _____

Occupation _____ Employer _____

If self-employed, specify type of business and position held _____

Highest Level of Education Completed (check only one)

none grade school high school college graduate school

School of highest education level _____ Location _____

APPLICANT

I certify that the information contained in this application is true. I understand the scholarship, if awarded, will be used solely for the purpose of paying for college-related expenses.

Applicant's Signature _____ Date _____

How did you hear about NAAAP-NY College Scholarship Program? _____

All three parts of this application must be postmarked on or before January 31, 2005. Late or incomplete applications will not be considered. Mail application to:

NAAAP-NY Scholarship Committee
P.O. Box 772
Knickerbocker Station
New York, NY 10002