

NYAmer 10-13 Associations

1000 Galleon Street Port St.John, FL 32927

2026 Scholarship Application

Personal Information

			//	
First Name	M.I.	Last Name	Social Security Number	Phone Number
			City State	e Zip Code
Month - Day -Year- of Birth _	/	Male Female		
Sponsor Information				
Oponsor information				
First Name	M.I.	Last Name	Phone Number	10-13 club affiliation
Date Retired From NYPD/	/ Tax Registry	Number	E-mail address	
Education Information				
High School Presently Attending College/University Planning to Attend				
riigii ochoorriesentiy Attending			College/University Planning to Attend School Name Contact Name	
Cahaal Nama			School Name Contact Name	
School Name			Address_	
Contact Name			Phone#	
Phone#Date of First				
Grade Point Average (Weighted) (Un-weighted)			Semester//	
SAT Score (Math)+ (Critical Reading/Writing) =max1600				
ACT Composite Score () max36			For Office Use Only: Scholarship Application # Assign	ed-
You must provide proof of the above scores. You may do so through any			Reviewer	
Official Record made available to you by the high school you are currently				
attending.			Approved and Forwarded to Trustees for Scoring: Disapproved and Reason Why:	
Date of Graduation/				
Certification				
I certify that to the best of my knowledge, the information provided in this application is the most current and correct. I have completed this application with the understanding				
that this application and the information provided is now the property of the "Foundation."				
Applicants Signature				/
Sponsors SignatureDate/				
Subscribed and Sworn to Before Me thisDay of 20				
The state of the s				
Signature MustSeal				
Be Notarized				
How did you hear about the NYAmer 10-13 Scholarship and, how are you related to the retiree sponsoring this application?				
				
				
Please add your e-mail address				