

Scholarship Application SAINT ANDREW'S SOCIETY OF THE STATE OF NY

150 East 55th Street New York, NY 10022

212-223-4248 office@standrewsny.org

		Date			
Name (please p	orint)				
Current Mailing	(Last) g Address:	(First)	(N	(Middle)	
	(Street & Number)	(City)	(State)	(Zip)	
Permanent Add	lress (if different from above)				
	(Street & number)	(City)	(State)	(Zip)	
Tel. Numbers:	Home	School /	Cell		
Email address:					
Date of Birth _		Place of Birth			
Citizenship Sta	tus				
Current Underg	graduate School:				
Current Program	m of Study:				
Scholastic aver	age: in all subjects	in major	fields		
Describe grade	system used				
Please enclose	an original sealed copy of you	r most recent transcript.			
Proposed gradu	nate Institution: 1 st Choice				
Name:					
Degree:					
Area of Study:					
Date of applica	tion:				
Contact person	at University:				

Proposed graduate institution; 2	nd Choice (if application	able)	
Name:			
Degree:			
Area of Study:			
Date of application:			
Contact person at University:			
Please describe your Scottish lin	ieage.		
List all schools or colleges you which you graduated, whether of			
NAME OF HIGH SCHOOL	LOCATION	DATES ATTENDE	ED YEAR GRADUATED
NAMES OF COLLEGES	LOCATION	DATES ATTENDE	ED DEGREES
If you have studied abroad, indi-	cate below the Univ	versity, field of study, l	ocation, and dates attended.
UNIVERSITY	LOCATION	DATES ATTENDE	ED AREA OF STUDY
If you have been out of school f school, please give details. You			time since graduation from high sary.
Please list the names, titles and	contact information	of the two persons fro	m whom you have requested
references. These persons should academic and/or personal qualif	ld be other than a re		
NAME	POSITION OR	TITLE P	HONE NUMBER AND EMAIL

	a current CV with this a		DAME OF BASI	D.A. EEDO
POSITION	COMPANY	LOCATION	RATE OF PAY	DATES
Please list any	scholarships, or other f	inancial aid that you have	received, dates awarded and	the amounts.
for your study accepting a Sa	beyond the scholarship	amount. Your financial ar	, please indicate below how trangements should be confinget Scottish school and identifications.	rmed prior to
Please list any	academic or other hono	ors and awards you have re	ceived.	
In your own w	ords on an attached s	heet please compose a th	nesis/proposal that addresses	the following:
(1) w	hy you wish to continue	e your education beyond th	e present year;	
(2) w	hy you wish to study in	Scotland and how this stud	dy will contribute to overall	goals.
Your answer t o	o each question need n	ot exceed 200 words.		
			or participation in groups of of responsible activity with	

Please list jobs or positions you have held -- in reverse chronological order -- starting with present position.

pplication check list: Completed Application	
Please refer all questions regarding curricula to The nable to advise on such details.)	e Secretary of the University you wish to attend. We are
Date	Signature
	given in this scholarship application is complete and and that I will provide transcripts or other available he statements I have made.
dditional Remarks:	
dditional Damanka	
ame, address, and occupation of parent(s) or guard	lian(s):

Additional Information: