**GERTRUDE CHRYMKO MEMORIAL SCHOLARSHIP APPLICATION**

**(Please Print or Type)**

**Please email the completed application to Elizabeth Hartz:** **president@eatrightwny.org** **by May 21st, 2021**

**SECTION I: PERSONAL INFORMATION**

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M.I. \_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SS# (last four digits): \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ US Citizen?: \_\_\_\_\_\_\_ Yes \_\_\_\_\_\_ No

Ethnic Background (Optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Enrolled Full-Time or Part-Time?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year of Graduation: \_\_\_\_\_\_\_

**SECTION II: ACADEMIC INFORMATION**

**List in order beginning with the most recent (Provide current transcripts):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **College** | **City/State** | **Dates Attended** | **Degree or Credit Hours** | **GPA** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**SECTION III: WORK EXPERIENCE**

**List in Order Beginning with Most Recent:**

|  |  |  |
| --- | --- | --- |
| **Company Name, City, State** | **Position/Description** | **Dates Employed** |
|  |  |  |
|  |  |  |
|  |  |  |

**SECTION IV: ACHEIVEMENTS/GOALS**

**List any Honors you have received, Office or Leadership Positions you have held, and organizations or activities in which you have been involved. Include volunteer work:**

1. **College/High School:**
2. **Community:**
3. **Your Professional Goal(s) for Next Five Years:**
4. **Applicants must submit three (3) letters of recommendation, two (2) of which must be from faculty.**
5. **Students must submit an original application and an additional three (3) copies of all materials by May 21st, 2021.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicant Name (Please Print or Type)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature Date**