

AUXILIARY OF THE NEW YORK STATE ASSOCIATION OF PLUMBING - HEATING - COOLING CONTRACTORS

**SCHOLARSHIP APPLICATION**

LAST NAME FIRST NAME MI AGE

ADDRESS STATE ZIP CODE

TELEPHONE NUMBER

PARENT or GUARDIAN'S FULL NAME

ADDRESS STATE ZIP CODE

SPONSORING AUXILIARY MEMBER'S SIGNATURE

ADDRESS STATE ZIP CODE

CAREER PLANS

What career do you intend to follow?

What school do you plan to attend?

SCHOOL ADDRESS

STATE ZIP CODE DATE OF ENROLLMENT

[ SCHOLASTIC DATA \_\_\_\_\_ ]

HIGH SCHOOL ATTENDED/ATTENDING: YEAR

OF GRADUATION: PRINCIPAL'S NAME:

NAME OF COLLEGE (if currently attending):

DEAN or ADVISOR'S NAME:

**SCHOLARSHIP APPLICATION INSTRUCTIONS**

1. Read SCHOLARSHIP RULES.
2. Complete application. DO NOT LEAVE ANY BLANKS.
3. Send the original and two copies of the following items:
  - a. Scholarship Application
  - b. Personal letter giving full details of education plans.
  - c. Reference letters as detailed in the SCHOLARSHIP RULES.
  - d. Letter and transcript from Principal or authorized member of current high school or college staff.
  - e. Separate list of extracurricular school or community activities.
4. Please indicate if transcript is being sent directly from school.

YES \_\_\_\_\_ NO

I hereby certify that the above is true and accurate.

APPLICANTS SIGNATURE: Date

PARENT/GUARDIAN'S SIGNATURE: Date

**Send all application materials to: Mrs. Suzanne Philips  
345 Perry Rd.  
Binghamton, NY 13905**