NEW YORK STATE CORRECTIONS EMERALD SOCIETY

Lt. Sheridan Scholarship Award

SCHOLARSHIP APPLICATION

PLEASE PRINT OR TYPE

NAME_____
LAST FIRST MI

ADDRESS_____
STREET

_____
CITY STATE ZIP

PHONE_____**DOB**_____

NAME OF MEMBER_____
LAST FIRST

CHAPTER_____

NAME OF COLLEGE YOU WILL BE ATTENDING:

_____

Please enclose a copy of your High School transcripts and a letter of acceptance from the College that you plan on attending. Your parent or guardian must be a New York State Corrections Emerald Society member in good standing to be eligible.

APPLICANT SIGNATURE_____

MEMBER SIGNATURE_____

DATE_____

PLEASE FORWARD COMPLETED APPLICATION TO:

NYSCES
PO BOX 318
OTISVILLE, NY 10963