

The NYCPD Verrazano 10-13
Memorial High School & College
2020-2021 Scholarship Award Application

APPLICATION

Extra Copies of the application may be obtained at our website VZ1013.com or it can be duplicated (see below).
Non-conforming applications will be discarded

SPONSOR

Applicants must be sponsored by a member of Verrazano 10-13 Association in good standing for the past two (2) years. A sponsor may submit multiple applications for different children. However, a sponsor is limited to only one scholarship award every two (2) consecutive yearly drawings.

ELIGIBILITY

A son, daughter or grandchild of a member is eligible for a scholarship and must be attending or enrolled in a College or University on a full-time basis (taking at least 12 credits) for the 2020-2021 school year. Each child can only win once, but a member can sponsor another child after waiting (2) years. ONLY ONE ENTRY PER APPLICANT IS PERMITTED. If more than one application is received for the same applicant, all but one application will be discarded.

VERIFICATION OF ATTENDANCE

Applicants must be attending the education facility during the application year. Proof of enrollment must accompany the application

NUMBER OF SCHOLARSHIPS AWARDED

For the 2020-2021 school year, a \$1000 College Scholarship In Memory of President Richard Comnesso and two (2) \$500.00 College Scholarships will be awarded also one (1) High School for \$500.00 will be awarded.

SCHOLARSHIP DRAWINGS

Drawings will be on a lottery basis in order to give each applicant an equal chance for selection. Scholarship awards will be drawn at the Verrazano 10-13 Christmas Luncheon in December (Alternate drawing date is the January General Meeting). All applications must be received prior to the drawing date. NO APPLICATIONS WILL BE ACCEPTED ON THE DAY OF THE DRAWING.

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NYCPD VERRAZANO 10-13 ASSOCIATION – 2020--2021 SCHOLARSHIP APPLICATION



(PLEASE PRINT)



SPONSORING MEMBER OF THE NYCPD VERRAZANO 10-13 ASSOCIATION

Last Name: _____ First Name: _____ MI: ___ Home Phone: () _____
Address: _____ City: _____ State: ___ Zip _____ Year Joined Org: _____

APPLICANT

Last Name: _____ First Name: _____ MI: ___ Home Phone: () _____
Address: _____ City: _____ State: ___ Zip _____ Date of Birth: _____
Cell Phone: () _____ Email: _____ Relationship to Sponsor: _____
School Attending: _____ Date: _____ Give a brief statement about your
Community Involvement: _____

MAIL APPLICATION TO: NYCPD Verrazano 1013 Association, Scholarship Committee, PO Box 061725, Staten Island, NY 10306