

FF LEON W. SMITH JR., FOUNDATION, INC.
 493-5 MONROE STREET – BROOKLYN, NEW YORK 11221
 TELEPHONE 718-574-8296 – TELECOPIER 718-574-8504

Please Complete and submit you application to the Administrative Office, with all requested documentation attached.
 Retain a copy of this application for your records. The following should be included with this application: high School Transcript or official college transcript with seal.

PRINT OR TYPE ALL INFORMATION IN BLACK OR BLUE INK

Date: _____

Applicant's Information Please check one: Male Female

Last Name	First Name	Middle
Address	City	State
Home Phone	Work	Cell/Pager
Email Address	Fax	

Demographics: Citizen Permanent Resident Visa

Social Security No.	Date of Birth (mm/dd/yyyy)	Place of Birth
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Parents Information: please select the appropriate box: Marital Status:

- Married Single Separated Divorced
 Mother Father Legal Guardian Grandparent
 Mr. Mrs. Ms. Rev. Dr.

Last Name	First Name	Middle
Address	City	State
Home Phone	Work	Cell/Pager
Email Address	Fax	

Please check appropriate box(es) (optional)

- Caucasian Native American Latin American African American Oriental American
 Asian American Pacific Islander Other _____

Religious Affiliation (optional) _____

Applicant's Academic Information

High School Attended:			
Address	City	State	Zip
Graduation Date	High School GPA		
List Organizations, Affiliations, Clubs and other Activities			

College(s) Applying to:

Name of College			
Address	City	State	Zip
Major/Minor	Date Application Submitted	Accepted <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	

Name of College			
Address	City	State	Zip
Major/Minor	Date Application Submitted	Accepted <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	

Name of College			
Address	City	State	Zip
Major/Minor	Date Application Submitted	Accepted <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	

Applicants currently enrolled in College:

Name of College			
Address	City	State	Zip
Major/Minor	GPA	Expected Date of Graduation (mm/dd/yyyy)	

Financial Information (Guardian of Applicants)

Name of Company		
Address	City	State
Telephone No.	Fax	
Position:	Supervisor Name:	

Gross Family Income 2009 (Income from all sources) \$ _____

Gross Family Income 2010 (Income from all sources) \$ _____

Student and/or Spouse's employer

Name of Company		
Address	City	State
Telephone No.	Fax	
Position:	Supervisor Name:	

Highest Level of Education Completed by:

Father _____

Mother _____

Please list other financial resources and amount available to you for educational purposes such as GI Bill, Social Security, Fellowships, TAP, PELL, or other scholarships (attach copy of award letter)

Applicant's Income applicable to college expenses

Summer Earnings (Approximately) \$ _____

School Year (Approximately) \$ _____

List Previous Scholarship Amounts Received:

List Other Scholarship awards you will receive for the academic year in which you are applying:

Are you the child, grandchild, or great grandchild of an active FDNY Personnel? Yes No

Name: _____

Engine _____ Ladder _____

Applicants will be considered for all scholarships available through the FF Leon W. Smith, Jr., Scholarship Foundation, Inc.

APPLICANT'S CERTIFICATION:

To the best of my knowledge the information reported above is complete and accurate. I agree to inform the University Financial Aid Officer of any major changes in my financial status if I am awarded a scholarship through the foundation. I understand that to be considered for a scholarship, I must apply annually.

Applicant's signature

Date:

Guardian's signature

Date:

OFFICE USE ONLY

Date Received: _____

Initials: _____

Fund # assigned: _____

Initials: _____

Date processed to Funds: _____

Initials: _____