



Student Scholarship Application Form

Zara B. Kimmey, Bill Milliken, Barry W. Hopkins, Aida Snow and Elaine Goldman Scholarships

Click in the highlighted fields and type your information. Be sure to print before exiting the form; you will not be able to save changes. Application must be postmarked by May 31.

Student Information (to be completed by Student)

GENERAL INFORMATION

Student Name (Last, First, MI)	School Name
Home Mailing Address	School District
City, State, Zip	School City, State, Zip
Phone	School Phone
E-Mail	Teacher E-Mail
College at which You are Accepted and Plan to Attend	Name of Teacher Nominator (must be a NYSATA Member)

ACTIVITIES, HONORS, AWARDS

Involvement in the Arts Outside of Class:

Exhibits:

Honors and Awards:

Extracurricular Activities:

Hobbies and Interest other than Art:

Community Activities:

Verification (to be completed by Student and NYSATA Member Teacher)

I declare the information presented in this application is true, correct, and complete.

Signature of Applicant _____ Date _____

Signature of NYSATA Member Teacher _____ NSYATA Region _____ Date _____