



# NYPD Steuben Association



## 2017 Scholarship Test Application

|   |  |
|---|--|
| Date:        /        /   | Check one: <input type="checkbox"/> High School <input type="checkbox"/> College |
| <b>STUDENT APPLICANT INFORMATION</b>  |  |
| Last Name: _____  | First Name: _____  |
| Home Address: _____   | City: _____  |
| State: _____  | Zip: _____   |
| Home Phone: _____   | SS#: _____   |
| Date of Birth:        /        /  | Email Addr: _____  |
| Name of School<br>Currently Attending: _____  | Expected Graduation<br>Date (Month, Year):        /                              |
| <b>MEMBER ASSOCIATED WITH APPLICANT INFORMATION</b>                                 |  |
| Last Name: _____  | First Name: _____  |
| Rank: _____   | Phone No.: _____   |
| Check: <input type="checkbox"/> Active <input type="checkbox"/> Retired             |  |
| If Active, Command: _____   |  |
| Date of Retirement:        /        /   |  |
| Relationship to Applicant: _____  |  |
| Email Addr: _____   |  |
| Please forward completed Application – postmarked by <b>4/15/17</b> to:             |  |
| NYPD Steuben Association<br>P.O. Box 678<br>Peck Slip Station<br>New York, NY 10272 |  |