



NYPD Steuben Association



2019 Scholarship Test Application

Date: / /	Check one: <input type="checkbox"/> High School <input type="checkbox"/> College
STUDENT APPLICANT INFORMATION	
Last Name: _____	First Name: _____
Home Address: _____	City: _____
State: _____	Zip: _____
Home Phone: _____	SS#: _____
Date of Birth: / /	Email Addr: _____
Name of School Currently Attending: _____	Expected Graduation Date (Month, Year): /
MEMBER ASSOCIATED WITH APPLICANT INFORMATION	
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 4/27/19 to:	
NYPD Steuben Association P.O. Box 678 Peck Slip Station New York, NY 10272	