



2001-2002 WORLD TRADE CENTER MEMORIAL SCHOLARSHIP INFORMATION REQUEST

Be sure to read all the instructions on the cover letter and instruction brochure enclosed with this application.

A. DEMOGRAPHIC INFORMATION													
Last Name													
First Name													
Middle Initial													
Street Address													
City													
State													
Zip Code													
Social Security Number													
Date of Birth					1	9			(MONTH/DAY/YEAR)				
Daytime Phone Number				-				-					
Evening Phone Number				-				-					
Are you a citizen of the United State or a Permanent Resident as defined by the INS?	<input type="checkbox"/> YES		<input type="checkbox"/> NO										
Are You a New York State Resident?	<input type="checkbox"/> YES		<input type="checkbox"/> NO										

B. EDUCATIONAL PLANS	
Fall 2001 CUNY School	
Spring 2002 CUNY School	

C. ELIGIBILITY													
If you are the spouse or child of someone severely disabled or killed as a result of the 9/11/01 attack on America or the resulting rescue and recovery, please provide the victim's name and social security number (if available).													
Last Name													
First Name													
Middle Initial													
Social Security Number													
Please enter your relationship with the person listed above.													
Check here if you are the severely disabled victim. <input type="checkbox"/>													

D. AFFIRMATION	
I affirm that the information herein is true. SIGN BELOW.	
_____	_____
Applicant's Signature	Date

RETURN TO: CUNY OFFICE OF STUDENT FINANCIAL AID
1114 AVENUE OF THE AMERICAS FL15
NEW YORK, NY 10036.

IR00BFSL (12/6/01)