

APPLICATION FORM

**\$2000 GRANT AVAILABLE TO COMMUNITY COLLEGE WOMEN
ENTERING ANY ACCREDITED FOUR YEAR COLLEGE**

**AWARDED BY
THE FINCH COLLEGE ALUMNAE ASSOCIATION FOUNDATION**

PLEASE PRINT OUT FORM AND COMPLETE AND SUBMIT VIA US MAIL

NAME: _____
 First **Maiden** **Last Name**

BIRTHDATE: _____

PERMANENT HOME ADDRESS: _____
 Street Address

 City **State** **Zip Code**

MAILING ADDRESS IF DIFFERENT: _____
 Street Address

 City **State** **Zip Code**

PERMANENT HOME PHONE NUMBER: _____

EMAIL ADDRESS: _____

COMMUNITY COLLEGE NOW ATTENDING:

Name of College

Street Address **City** **State** **Zip Code**

**PREVIOUS COMMUNITY COLLEGE OR FOUR YEAR COLLEGE ATTENDED,
DATES AND CREDIT RECEIVED:**

Name of College

Street Address **City** **State** **Zip Code**

CREDITS: _____

Application Form The Finch Foundation Grant, page 2

FOUR YEAR COLLEGE TO WHICH YOU WILL APPLY:

1. Name:

Street Address

City

State

Zip Code

2. Name:

Street Address

City

State

Zip Code

CHECK OFF LIST OF APPLICATION:

1. ___ COMPLETE AND ENCLOSE THE ABOVE FORM
2. ___ LETTER HOW GRANT WILL BE USE, CURRENT STUDIES & GOALS, INCLUDE YOUR NAME & COMMUNITY COLLEGE
3. ___ PROOF OF BIRTHDATE OVER AGE 22
4. ___ REQUEST CURRENT CURRICULUM VITAE & OFFICIAL COMMUNITY COLLEGE TRANSCRIPTS BE MAILED TO BELOW
5. ___ REQUEST COLLEGE TRANSCRIPTS OF PREVIOUS COLLEGES, MAIL TO BELOW
6. ___ REQUEST TWO FACULTY LETTERS OF RECOMMENDATION, MAIL TO BELOW
7. ___ SOCIAL SECURITY NUMBER WILL BE REQUESTED IF RECEIVING GRANT

IF SELECTED, RECIPIENT WILL BE NOTIFIED. HER SOCIAL SECURITY NUMBER AND A LETTER OF ACCEPTANCE FROM ENTERING FOUR YEAR COLLEGE MUST BE SUBMITTED IN ORDER TO RECEIVE CHECK.

DEADLINE: MAY 15 OF YEAR OF APPLICATION

**MAIL TO:
THE GRANT COMMITTEE
FINCH COLLEGE ALUMNAE ASSOCIATION FOUNDATION
954 LEXINGTON AVENUE, # 183
NEW YORK, NY 10021**