## FIRST SCHOLARSHIP APPLICATION

## **Personal Information**

Name:	FIRST Team Number:
FIRST Team Name:	
Address:	
City:	State:Zip:
County:	US Citizen: □ Yes □ No
Telephone: ()	S.S.#:
E-mail:	
Intended College Major:	
Adelphi University Admission App	lication:
☐ Has already been submitt	ed
Signature:	Date:
Additional Materials	
Be sure to include the following ma	terials in your application package:
☐ A 300-500 word essay re	garding your FIRST experience and your career goals.
☐ A letter of recommendation	on from one of your FIRST adult mentors.
Application Submission	
Please send your application package Lisa I Direc One-S Adelp 1 Sou	on and materials must be received by <b>January 1</b> .  ge to:  Kandell  tor of Aid  Stop Student Services Center  ohi University  th Avenue  en City, NY 11530
Questions? Contact the One-Stor	Student Services Center 516-877-3080 or send

**Questions?** Contact the One-Stop Student Services Center 516-877-3080 or send email to <a href="mailto:OneStop@adelphi.edu">OneStop@adelphi.edu</a>.