

ALL ISLANDS ASSOCIATION, INC.  
P.O. BOX 2099  
Mount Vernon, NY 10551

**All applications will be kept confidential and used for scholarship selection purposes only.**

**NAME:** \_\_\_\_\_ **SS#** \_\_\_\_\_  
                    **Last**                    **First**                    **MI**

**HOME ADDRESS:** \_\_\_\_\_  
                                    **Street**                                    **Apt.#**  
\_\_\_\_\_  
                    **City**                                    **State**                                    **Zip Code**

**HOME PHONE NUMBER:** \_\_\_\_\_

**PHONE NUMBER IN CASE OF EMERGENCY:** \_\_\_\_\_

**PLACE OF BIRTH:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**IF YOU HAVE NOT LIVED AT THE ABOVE ADDRESS FOR MORE THAN 3 YEARS,  
PLEASE GIVE PREVIOUS ADDRESS:** \_\_\_\_\_

**NAME OF HIGH SCHOOL:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**DATE OF GRADUATION:** \_\_\_\_\_ **GPA:** \_\_\_\_\_

**HAVE YOU BEEN ACCEPTED TO A COLLEGE/UNIVERSITY? YES:\_\_\_\_\_ NO:\_\_\_\_\_**

**NAME OF COLLEGE/UNIVERSITY TO WHICH YOU HAVE BEEN  
ACCEPTED:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PARENT(S) OR LEGAL GUARDIAN(S) NAME:** \_\_\_\_\_

**PARENT(S) OR LEGAL GUARDIAN(S) PLACE OF BIRTH:** \_\_\_\_\_

**PARENT(S) OR LEGAL GUARDIAN(S) ADDRESS, IF DIFFERENT FROM**

**ABOVE:** \_\_\_\_\_  
                    **Street**                                    **City**                                    **State**                    **Zip Code**

**Attachments:**

**1. Attach an essay of no more than 300 words summarizing your primary accomplishments and explaining how this scholarship will help you with your educational plans.**

2. Attach a passport size photograph (no photocopy will be accepted) with your Social Security Number written on the back.
3. Ask two (2) people, **not related to you**, but know you very well to write letters of recommendations/references demonstrating area of community service and extra curricular activities on your behalf addressed directly to the Scholarship Committee. At least one of the letters should be from a teacher, counselor, religious or community leader.
4. Letter of acceptance to an institution of higher education.

**ORGANIZATIONAL ACTIVITIES:** List any religious activities organizations, volunteer work or community service you have participated in. Begin with the current.

Name	Type of Participation (member, officer etc.)	Dates of Participation

**NOTE:** Final candidates and their parent(s) or legal guardian(s) will be required to meet with the Board of Directors and Scholarship Committee before the scholarship is awarded.

**CERTIFICATION:** All information furnished in support of this application is true and complete.

Applicant's Signature:\_\_\_\_\_ Date:\_\_\_\_\_

**PLEASE NOTE:** The All Islands Association Scholarship Committee must receive your properly completed application form, recommendations, passport size photograph, and your essay by April 1, 2020. **Your application will not be considered without all of the requested documentations.**