



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# _____

HOME ADDRESS: _____

City	State	Zip Code
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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

ACCEPT FEB:_____

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:

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.



**All Islands Association, Inc.
Scholarship Application Form (cont'd)**

Page Two

- 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.)	Participation Dates

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 **March 14, 2026**. Your application will not be considered without all of the requested documentations.

**Applications should be sent to: All Islands Association, Inc., P.O. Box 2099, Mount Vernon, NY 10551.
Attention: Scholarship Committee**