



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.



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

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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
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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**