



Annette Urso Rickel Foundation, Inc.

Scholarship Application

Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Email _____
 Social Security # _____ Are you a U.S. Citizen ? _____

High School Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Graduation Date _____ GPA _____

College Attending/Planning to Attend _____
 Address _____
 City _____ State _____ Zip _____
 Major _____ Minor _____
 Student ID# _____

Describe Your Extracurricular Activities:

School related clubs and athletic activities _____

Awards and achievements _____

Community volunteer work _____

Employment _____

Hobbies _____

Financial Information

Family income for Prior Calendar Year \$ _____

Additional information required:

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Mail all materials by July 28, 2017 to:

Dr. Annette Urso Rickel, President

Annette Urso Rickel Foundation

700 Park Avenue

New York, NY 10021

Annette Urso Rickel Foundation, Inc.

LETTER OF RECOMMENDATION

Please return to:

Annette Urso Rickel Foundation, Inc.
700 Park Avenue
New York, NY 10021

Name of Applicant: _____

We would appreciate your evaluation of the individual named above as a candidate for a scholarship. We would like your assessment of the student's interest in the STEM area, academic performance, writing ability, and oral communication skills. Please keep in mind that recommendations must be received by July 28, 2017 or the application will be considered incomplete.

Name _____

Print

Signature

Position _____

Relationship to Applicant _____ Date _____