**EDWIN D. JENNISON Sr**

**MEMORIAL SCHOLARSHIP PROGRAM**

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**This APPLICATION and all additional pages must be submitted by APRIL 1, 2025 to the Scholarship Chair of the NY Chapter UPMA . Please read instructions carefully. INCOMPLETE applications will be disqualified. Type or print all additional information on individually and numbered 8-1/2” x 11” sheets of paper. Place your full name and address on top of each page submitted. Staple all sheets together in the order of the numbers on the application.  This scholarship to open to a child or grandchild of any Active or Retired Postmaster, EAS, or Associate Member of UPMA,**

**STUDENT INFORMATION: PLEASE PRINT CLEARLY**

**1. Student full name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3. Father:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_       Mother\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4. NAME & OFFICE OF MEMBER PARENT OR GRANDPARENT (circle one)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**5. Application for scholarship to attend the following school: School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**6. Have you been accepted?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Be sure to include acceptance letter with application)\***

**7. Write a biographical letter (not more than 400 words) discussing your plans for your college years and your life goals.**

**8. List the names of two references. Ask each to write a letter of recommendation for you and attach them or send individually to the Scholarship Chair. These must be POSTMARKED NO LATER THAN April 1, 2025**

**9. Attach your latest transcript from high school:**

**School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**10. List LEADERSHIP POSITIONS AND OFFICES HELD Example: Student Council Representative, or 4-H Leader**

**11. List MEMBERSHIP AND OTHER PARTICIPATION Example: Yearbook Staff, or Basketball**

**12. List any volunteer work positions you have had during high school.**

**13. List any paid work positions you have had during high school.**

**14. List HONORS OR AWARDS you have received during high school.**

**15. Include a graduation picture of the applicant to be published in the UPMA NYS Newsletter if the applicant receives a scholarship.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature & Date of Application**

**APPLICATION DEADLINE: Must be postmarked by April 1, 2025**

**Send completed application to: Carol Commisso, 11 Ambassador Dr., Victor, NY 14564**

**Email any questions to: ccommiss012@gmail.com**