Application Deadline: May 19, 2024

Submitting Your Application:

- Complete the information below.
- Save the file as Lastname_Firstname.pdf.
- Email as an attachment to GTFH@sunysuffolk.edu with "GTFH Scholarship Application" as the subject line.

For assistance with this scholarship application please

email GTFH@sunysuffolk.edu or call (631) 851-6847.

Submitting Two Letters of Recommendation:

- Request **two** letters of recommendation emailed as attachments to GTFH@sunysuffolk.edu.
- The **first** letter of recommendation must be from an academic or educational contact (e.g. instructor/advisor) and must be emailed from his or her school email account.
- The **second** letter of recommendation, if not from an instructor/advisor, must be emailed from an official organization email account.
- *Emails from yahoo, hotmail, gmail, etc. will not be accepted.

Submitting Your Transcripts: New Students Only

- Current students do not need to submit transcripts.
- New Students: Have your guidance counselor email us your high school transcript to GTFH@sunysuffolk.edu.

First Name	Middle Initial	Last	: Name	
Street Address				
City		State	ZIP Code	
Home Phone	Cell Phone		College ID#	
@mail.sunys	uffolk.edu			
College Email		Personal Email		
cademic Information:				
☐ New Student		☐ Continuing Student		
High School Attending	Suffolk	Suffolk County Community College Home Campus		
High School Average		Cumulative GPA		
Anticipated Major at Suffolk County Community Colle	ege	Major		
High School Graduation Year	Antio	Anticipated Graduation Semester from Suffolk		

Initials

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access my High School and College transcripts.



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First Name:	Middle Initial:	Last Name:
Suffolk Community College Found	dation know who you a	et the scholarship committee(s) and the are. Selection will be based on superior college and/or community through activities
		ership and/or community service. Use ibutions to civic/service organizations.



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Essay 2: Recount a time when you faced a challenge, setback, or failure. How did it affect you, and what did you learn from the experience? Respond in 300-400 words.		



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Essay 3: Tell us about your future plans and goals. Why have you chosen your field of study? Whyou do after you graduate from Suffolk County Community College? Respond in 300-400 words	



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VOLUNTEER AGENCY CERTIFICATION

Individuals selected as Get There From Here Scholars, must agree to volunteer for 10 hours of community service per semester at an approved agency/non-profit organization. A completed copy of this form is required as part of the scholarship application.

Name of Agency:	
Contact Name:	
Agency Address:	
Contact Phone No.:	Email:
Type of service provided by the agency:	
Population served:	
Brief job description:	
Location where student will be working:	

The above-named student agrees to provide documentation of his/her volunteer hours worked using a daily time log provided by the College.



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AUTHORIZATION AND RELEASE FOR USE OF NAME, VOICE AND LIKENESS

I. —	, hereby grant Suffolk	County Community
College ("the Clikeness, portrain websites, catalog	ollege") irrevocable permission to use my name, voice, q it, and photograph in all forms and media (including, but gs, brochures, books, magazines, photo exhibits, motion ively referred to as "Works") for the following purposes:	uotes, image, visual not limited to, publications, picture films, and/or
3) Prof4) Insti5) Arcl6) Any	ching; nissions applications; ressional journal and papers; tutional publicity and public relations; nival purposes; and other purpose which the College deems fit in the interest wledge, research, marketing, advertising, or public relation	
derivative work	ght and title and interest in and to all such Works and any thereof shall be the exclusive property of Suffolk County he College may keep or may use the Works and derivative	Community College. I
	to the use of my biographical material in connection with likenesses of me.	h such photographs or
I agree that the C agreement.	College does not owe me any compensation for the acts I	have consented to in this
•	Suffolk County Community College, its officers, director or legal responsibility that may arise from the acts that I ein.	
I have carefully and agree to be b	read and understand the terms and conditions of this Autlound by them.	horization and Release,
	Signature (typed)	Date
	Printed Name	
	(Signature of legal guardian is needed if subject is unde	r age 18)
	Printed Name of Legal Guardian	Date

