



Society of Fleet Supervisors, Inc.

APPLICATION FOR SCHOLARSHIP

Applicant's Name _____

Home Address _____
Street City State Zip

Telephone # () _____ Social Security # _____

Date of Birth _____

School Information:

College / Trade School Name _____

School Address _____
Street City State Zip

Telephone # () _____

Major _____ Faculty Advisor's Name _____

For verification of enrollment, please attach a copy of your current semester's schedule OR copy of your invoice OR a letter on school letterhead from the Registrar's office verifying enrollment.

Mail to:
Society of Fleet Supervisors, Inc.
C/O Scholarship Chairperson
P.O. Box 260018
Bellerose, NY 11426

Name of Society Member _____

Telephone # () _____ Applicant's Relationship _____

Documentation you can provide to prove relationship to Member

1. _____

2. _____

Member Signature

Date

****For Society Use Only****

Verification of Relationship to Member _____

Member verified as **"IN GOOD STANDING"** _____

Approved

Denied

Committee Chairperson's Signature _____ Date _____