



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 _____

Permission for School to release information to the Society:

Signature of Applicant

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 _____