Suffolk County Superintendents of Buildings and Grounds Association 2023 Scholarship Application

Mail completed application to:
Mr. John Miccoli
Suffolk County Chapter SBGA
PO Box 1252
Ronkonkoma, NY 11779

Applications must be postmarked by April 1, 2023

Student's Name:		Date of Birth:				
Street Address:						
			ZIP Code:			
Student Email:		Cell Phone:				
Father's Name:	Mother's Name:					
Father's Employer:		Annual Salary:				
Mother's Employer:_	Annual Salary:					
Total Salary:	Parent Email:					
Number of Siblings:_	Ages:					
College or University	you plan on attending in Fall:_					
Field of Study:						
Education :						
School District:			High School:			
Weighted High School	ol Average:		Class Rank (if known):	of		
Member of: (circle)	National Honor Society: Yes	No	Junior National Honor So	ciety: Yes No		
	Honor Roll/Dean's List: Yes	No				
SAT Reasoning Test S	Scores (600-1600 combined, 80	00 eac	h):			
Combined:	Critical Reading:		Mathematics:			
American College Tes	sting (ACT) Standardized Test:	(1-36	each test):			

English:	Math:	Reading:	Science Reasoning:	Writing:
Please list all	Advanced Place	ment and/or Honors	courses taken in high school	ol, grades 9-12:
Course Name	e		Grade	Achievement Test Score
Attach additi	onal sheets if nec	cessary.		
Community	Service Grades	<u>9-12</u> :		
List any com	munity service a	ctivities or organiza	tions (e.g., Scouting, Church	, Youth, Neighborhood, etc.):
Attach additi	onal sheets if nec	cessary.		
Athletics Gr	<u>rades 9-12</u> :			
List all partic Titles):	cipation in high so	chool athletics and a	nny athletic achievements (L	eague/County/State Honors or
Attach additi	onal sheets if nec	cessary.		

Employment Grades 9-12:

Provide a listing of any employment positions you have held:					
Employer	Position	Dates of Employment			
Attach additional sheets if necessary					
COVID-19:					
Please share how COVID-19 impact changes:	ed your plans and goals over the past	t year, and how you adapted to those			
Attach additional sheets if necessary					
Please attach copies of the following	ng to your application:				
 √ High School Academic Trans √ Two letters of recommendation 	High School Academic Transcript. Two letters of recommendation from teachers or administrators at your school.				
√ One letter of recommendation	One letter of recommendation from a community member.				
	SAT Reasoning Score and/or ACT Results, if applicable. National Honor Society/Junior National Honor Society Certificates.				
Any other documents in supp	ort of your application you feel wort	hwhile.			
Applicant's Signature:	I	Date:			
Parent/Guardian Signature:	I	Date:			
Parent/Guardian Signature:	I	Date:			
Guidance Counselor's Signature:	I	Date:			