



81 Carleton Avenue, Ste. 202
Central Islip, NY 11722

DREAM.foundation.LI@gmail.com

“DREAM” Scholarship

Awarded to full-time students:

\$15,000
\$10,000
Five awards of \$1,000

Who is Eligible:

1. Full-time students with financial difficulties who lack documentation to qualify for state or financial aid.
2. Students who reside on Long Island who are completing high school or presently attending college or university.
3. Students with at least a B average upon application and who maintain a GPA of at least a 3.0 throughout their college/university attendance.
4. Applicants must submit an essay of no more than 350 words about their career aspirations and how the scholarship can help them achieve their dreams. A personal interview may be required.

Award Structure:

\$15,000 –will be split between the freshman and sophomore years of college/university as long as the recipient maintains a B average. Award will be paid directly to the college/university.

\$10,000 – this award will be split between the freshman and sophomore years of college/university as long as the recipient maintains a B average. Award will be paid directly to the college/university.

\$ 1,000 – for the incoming freshman year. Cash award.

Application Deadline:

MAY 30, 2017. To apply, please complete the application, sign, scan, and send it in **ONE PDF FILE** via email to DREAM.foundation.LI@gmail.com and mail the original to:

DREAM FOUNDATION
ATTN: Scholarship Committee
81 Carleton Avenue, Ste. 202
Central Islip, NY 11722

RECIPIENTS OF THE AWARD WILL BE NOTIFIED IN JUNE 2017.



81 Carleton Avenue, Ste. 202
Central Islip, NY 11722

DREAM.foundation.LI@gmail.com

Scholarship Application (2017)

- ☐ **APPLICANT INFORMATION**
check box when completed

Last Name	First Name	Middle
Home Address		
Date of Birth (mm/dd/yyyy)	Place of Birth	Citizenship
Telephone number Home () Cell ()		Social Security (if applicable)
Current mailing address, if different from above:		
High School you graduated from, address, and telephone number		Year of Graduation and GPA
Classes taken		Name of Classroom Advisor

- ☐ **COLLEGE AND UNIVERSITY PROSPECTS/ EXTRACURRICULAR ACTIVITIES**
(use separate sheet when necessary)

COLLEGES / UNIVERSITIES YOU INITIALLY APPLIED UPON GRADUATION
COLLEGES / UNIVERSITIES YOU GOT ACCEPTED TO (attach proof of acceptance)
COLLEGE / UNIVERSITY YOU DECIDED TO ATTEND (attach proof of enrollment)



81 Carleton Avenue, Ste. 202
Central Islip, NY 11722

DREAM.foundation.LI@gmail.com

Have you ever been arrested / cited / charged with any crime ☐ No ☐ Yes

IF YES, attach a scanned copy of the Certificate of Disposition. Explain the nature of the arrest in your own words:

What extracurricular activities have you participated in:

Explain your financial difficulties:

- ☐ **PERSONAL STATEMENT (350 words):** A statement detailing your career endeavor in the future. Statement must be typed and printed on a separate sheet of paper.
- ☐ **Proof of other scholarships / grants received in the past**
- ☐ **High School Official Transcript (all years available), school ID, and state / government issued ID or foreign passport**
- ☐ **High School Diploma and any recognition that you have received during High School.**
- ☐ **SIGNATURE**



81 Carleton Avenue, Ste. 202
Central Islip, NY 11722

DREAM.foundation.LI@gmail.com

I certify that all information submitted in this application are true and correct. I certify that all information submitted, including the personal statement, any supplements, and any other supporting materials – is my own work, factually true, and honestly presented. These documents will become the property of the Dream Foundation to which I am applying to and will not be returned to me. I agree to appear for an interview, should it be deemed necessary.

Signature _____ Date _____



CODE OF CONDUCT AGREEMENT

I, _____ hereby swear and affirm that the materials submitted are true and correct. I agree to uphold the Code of Conduct of my university. I understand that violation of this Code of Conduct or any arrest during my freshman or sophomore may result in automatic revocation of the Dream Foundation scholarship grant, upon which I will be required to reimburse the foundation.

_____, New York

On this ___th day of _____, 2017

Signature _____