



## SCHOLARSHIP APPLICATION

Name of Applicant: \_\_\_\_\_  
(Last) (First) (Middle)

Home Address: \_\_\_\_\_  
Street City State Zip

Telephone: \_\_\_\_\_ DOB: \_\_\_\_\_

Proposed Date of Program Entrance: \_\_\_\_\_

Honors/Activites: \_\_\_\_\_  
\_\_\_\_\_

Name of Educational, Vocational or Professional School you will be attending:  
\_\_\_\_\_

What is the Name / Description of the Training:  
\_\_\_\_\_

Is there an Affiliation with the Tour de Kingston:  
\_\_\_\_\_

### Qualifications:

- (A) Letter, award or recommendation from community member or group
- (B) One page essay on where you see yourself in 5 years or how you have or will contribute to your community
- (C) Plan to attend Educational, Vocational or Professional Training, course or degree program

**\*\*Application deadline June 1, 2015\*\***

**Send to:** Scholarships  
Tour de Kingston  
20 Delta Place  
Kingston, NY 12401