

## Swiss Benevolent Society of New York Application Form for the Academic Year 2018-2019

**Please check all programs applied for**

*(The Scholarship Committee will consider each completed application in regard to the candidate's circumstances and reserves the right to award the scholarship best suited for the applicant.)*

- Full Pellegrini Scholarship - financial need & merit
- Pellegrini Scholarship - merit only
- Outstanding Scholastic Achievement (OSA) Award
- Medicus Student Exchange Scholarship
- Zimmermann Scholarship

To be eligible for consideration, applications must be filled out completely and legibly along with the non-refundable application fee of \$75.00. To make a payment please visit <https://sbsny.org/scholarhips/payment>.

### Applicant Information

- First time Applicant                       Returning Applicant

Applicant's First Name	<input style="width: 100%;" type="text"/>		
Applicant's Last Name	<input style="width: 100%;" type="text"/>		
Home Address	<input style="width: 100%;" type="text"/>		
City, State, ZIP	<input style="width: 100%;" type="text"/>		
Applicant's Personal Email	<input style="width: 150px;" type="text"/>	Applicant's School Email	<input style="width: 150px;" type="text"/>
Phone Number	<input style="width: 150px;" type="text"/>	Student ID# (fall 2018)	<input style="width: 150px;" type="text"/>
Date of Birth	<input style="width: 150px;" type="text"/>	Place of Birth	<input style="width: 150px;" type="text"/>
Proof of Swiss Citizenship or Parentage	<input style="width: 100%;" type="text"/>		
Proof of U.S. Citizenship or U.S. Residency	<input style="width: 100%;" type="text"/>		
Swiss Community of Origin	<input style="width: 100%;" type="text"/>		
Financial Status (check one)	<input type="checkbox"/> Dependant	<input type="checkbox"/> Independant	
Academic Status (as of fall 2018)	<input type="checkbox"/> Undergraduate	<input type="checkbox"/> Graduate	
Undergraduate students: indicate Freshman, Sophomore, Junior or Senior for fall 2018	<input style="width: 100%;" type="text"/>		

### If Employed:

Occupation	<input style="width: 150px;" type="text"/>	<input type="checkbox"/> Full Time	<input type="checkbox"/> Year Round
Employer's Name / Company	<input style="width: 100%;" type="text"/>		
Employer's Address	<input style="width: 100%;" type="text"/>		
City, State, ZIP	<input style="width: 100%;" type="text"/>		

### If Married:

Spouse Name	<input style="width: 150px;" type="text"/>	Occupation	<input style="width: 150px;" type="text"/>
Spouse's Employer	<input style="width: 100%;" type="text"/>		
Employer's Address	<input style="width: 100%;" type="text"/>		
City, State, ZIP	<input style="width: 100%;" type="text"/>		
Name of Dependent	<input style="width: 150px;" type="text"/>	Age	<input style="width: 50px;" type="text"/>
Name of Dependent	<input style="width: 150px;" type="text"/>	Age	<input style="width: 50px;" type="text"/>

## General Information Dependent Status

Father's Name	<input type="text"/>
Home Address	<input type="text"/>
City, State, ZIP	<input type="text"/>
Occupation (if retired give date and former occupation)	<input type="text"/>
Father's Employer	<input type="text"/>
Employer's Address	<input type="text"/>
City, State, ZIP	<input type="text"/>
Mother's Name	<input type="text"/>
Home Address	<input type="text"/>
City, State, ZIP	<input type="text"/>
Occupation (if retired give date and former occupation)	<input type="text"/>
Mother's Employer	<input type="text"/>
Employer's Address	<input type="text"/>
City, State, ZIP	<input type="text"/>

### Parents' Other Dependents:

<u>Name</u>	<u>Date of Birth</u>	<u>Education</u>	<u>Occupation</u>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### If Parents Are Divorced or Separated:

Applicant lives with  Mother  Father  Other [List Name & Relationship Below]

Obligations of Non-Custodial Parent(s)

### Other Circumstances That Should Be Considered:

## General Information All Students

### High School(s) Attended From Grades 9-12

School(s)	Date of Attendance	Cumulative GPA
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Graduation Date:  Class Rank:  Of How Many:   
 SAT / ACT Date:  Scores: M  CR  W

### Undergraduate Studies

School(s)	Date of Attendance	Cumulative GPA
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Degree and Date Received:  Major/Field:   
*or* Degree and Date Expected:  Major/Field:

### Graduate Studies

School(s)	Date of Attendance	Cumulative GPA
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Degree and Date Received:  Major/Field:   
*or* Degree and Date Expected:  Major/Field:

### School Currently Attending or Schools Applied To [in order of preference]

Name, City, State	Date Applied	Date Accepted
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Major / Field (as of fall 2018)

# Scholastic Information All Students

## Titles of Courses Currently Taking

Titles of Courses	No. of Credits
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Number of Credits Required for Full-Time Study (semester)

Number of Credits Planning to Take Whole Academic Year

## Academic Goals

## Career Goals

## Expenses & Sources of Financing All Students

Expenses [per college year at the school you attend or plan to attend]

	Actual 2017/18	Estimated 2018/19
Tuition and Fees		
Room and Board		
Books and Supplies		
<b>Total Per Year</b>		
Other Related Expenses		
<b>Grand Total Expenses</b>		

Do you live  On Campus  At Home  Off Campus

## Applicant's Sources of Financing Full Pellegrini & Medicus Scholarship Applicants Only

	Received 2017/18	Expected 2018/19
a) Scholarship/Grants:		
b) Loans:		
c) Employment: - List Employer & Dates of Employment		
d) Other: - Describe Source (i.e. Savings, Gifts, etc.)		
e) Contributions: - From Parents or Supporting Party: If parents are divorced contribution from non-custodial parent:		
<b>Total For Year:</b>		

## Supporting Party

If your supporting party is someone other than your parents or spouse, given name, address and relationship:

Name	<input type="text"/>	Relationship:	<input type="text"/>
Home Address	<input type="text"/>		
City, State Zip	<input type="text"/>		
Occupation	<input type="text"/>		

## Financial Information Full Pellegrini Scholarship Applicants Only

Enclose signed copy of **complete** 2017 Federal Income Tax Return, including schedules. If 2017 is not available, enclose 2016 return. If married, also provide figures for spouse.

***Incomplete financial information may disqualify the applicant!***

### Total Income [of supporting party or independent student]

a) Income Earned From Work .....	
b) Income Earned From Other Sources [Child Support, Investments, Alimony, etc.]	
<b>Total Income</b> .....	

### Assets and Liabilities of Supporting Party or Independent Student

a) Cash, Savings & Other Bank Accounts	
b) Restricted Retirement Savings [IRAs, 401k & 403b Plans]	
c) Investments	
d) Real Estate:	
Cost	
Market Value	
Existing Mortgage	
<b>Real Estate Total (Net of Mortgage):</b>	
e) Other Assets .....	
<b>Total Assets (Net of Mortgage):</b>	
f) Loans Outstanding: [Other than Mortgage, describe]	
g) Other Liabilities: [Other than Mortgage, describe]	
<b>Total Liabilities (Exclusive Mortgage):</b>	
<b>Total Net Assets (Assets minus Liabilities):</b>	

## Signature All Students

Applicant's Signature: \_\_\_\_\_

Date and Place: \_\_\_\_\_

Supporting Party's Signature: \_\_\_\_\_

Date and Place: \_\_\_\_\_

**Are all requested documents enclosed? Check our cover letter! Thank you.**