



Long Island Learning Institute for Educators, LLC
Scholarship Program for Future Educators

APPLICATION FORM

Name _____

Date of Birth _____

Home Address _____

Home Telephone Number _____

Alternate Phone Number (cell, work etc.) _____

Current Email: _____

High School Senior currently attending: _____

Name of college or university being attended this fall semester _____:

Address of above mentioned institution: _____

Phone Number of above mentioned institution: _____

High School Cumulative Grade Point Average: _____

College Admission Composite Test Scores:
SAT: _____ ACT: _____

State your intended major of study: _____

Awards and Honors (attach list of necessary): _____

Community Service (attach list of necessary): _____
