

JOHN G. KARRER

NYSOBBA Scholarship Application

N.Y.S Organization of Bursars & Business Administrators, Inc.

Student Name _____

Address _____

City _____ State _____ Zip _____

Home Telephone () _____ Local Telephone () _____

College/University _____

Major _____ Degree Objective _____

Class Level _____ Anticipated Graduation Date _____

Grade Point Average (GPA) _____ Matriculated _____ Yes/No

Enrolled at least half time _____ Yes/No

Applicant's Statement

I certify that, to the best of my knowledge, all the information I have submitted is accurate. I authorize the Scholarship Committee to obtain any school information needed (grades, enrollment, ect.) for their review.

I also understand that this award could affect my financial aid award package.

Signature _____

Date _____

YOUR ESSAY AND ANY OTHER PERTINENT MATERIAL MUST ACCOMPANY THIS COMPLETED APPLICATION