FIRST SCHOLARSHIP APPLICATION

Personal Information

Name:	FIRST Team Number:
FIRST Team Name:	
Address:	
City:	State:Zip:
County:	US Citizen: □ Yes □ No
Telephone: ()	S.S.#:
E-mail:	
Adelphi University Admission Application	n:
☐ Has already been submitted	☐ Will be submitted by January 1
Signature:	Date:
Additional Materials	
Be sure to include the following materials	in your application package:
	g your <i>FIRST</i> experience and your career goals. m one of your <i>FIRST</i> adult mentors.
Application Submission	
Adelphi Uni 1 South Ave Garden City	opulos ce President, Student Financial Services iversity enue

Questions? Call The Office of Student Financial Services at 1-516-877-3080 or send email to financialservices@adelphi.edu.