



The College at  
**BROCKPORT**  
STATE UNIVERSITY OF NEW YORK

## APPLICATION FORM

# The Gary D. Root Memorial Scholarship \$1,000 Scholarship

Please complete all sections of this application. **Write legibly.** Please return this information to: **The Office of Alumni Relations & Development, The College at Brockport, 350 New Campus Drive, Brockport, NY, 14420 by February 26, 2010.**

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City/Town Zip

E-mail Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Social Security Number Banner ID: \_\_\_\_\_

High School: \_\_\_\_\_ GPA/High School Average: \_\_\_\_\_

Intended Major: \_\_\_\_\_

Clubs / Organizations: \_\_\_\_\_

Honors / Awards: \_\_\_\_\_

### Scholarship Essay:

On a separate sheet of paper, please provide an essay of approximately 300 words discussing your career goals, academic achievement and leadership skills through service to your school and/or community. This scholarship essay should be attached to the application.