

**ROBERT KRUDOP SCHOLARSHIP APPLICATION FORM**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE NUMBER \_\_\_\_\_

CELL# \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

HIGH SCHOOL \_\_\_\_\_

CURRENT COLLEGE ATTENDING \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CURRENT GPA \_\_\_\_\_ (PROVIDE DOCUMENTATION)

CURRENT COURSE OF STUDY \_\_\_\_\_

ARE YOU CURRENTLY EMPLOYED? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, JOB TITLE/DESCRIPTION \_\_\_\_\_

HOURS PER WEEK \_\_\_\_\_ SALARY \_\_\_\_\_

**PLEASE LIST ANY AWARDS RECEIVED IN HIGH SCHOOL AND/OR COLLEGE:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE LIST OUTSIDE ACTIVITIES ASSOCIATED WITH YOUR COLLEGE STUDIES:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE LIST 3 REFERENCES NOT RELATED TO YOU:**

- NAME: \_\_\_\_\_
  - ADDRESS: \_\_\_\_\_
  - \_\_\_\_\_
  - PHONE: \_\_\_\_\_
- NAME: \_\_\_\_\_
  - ADDRESS: \_\_\_\_\_
  - \_\_\_\_\_
  - PHONE: \_\_\_\_\_

- NAME: \_\_\_\_\_
  - ADDRESS: \_\_\_\_\_
  - \_\_\_\_\_
  - PHONE: \_\_\_\_\_

**Applications must be received by Monday, May 17, 2019 by mailing to:**

**EELHA**

**P O Box 102**

**Peconic, NY 11958**

**Or**

**by emailing [Closquadro@royreeve.com](mailto:Closquadro@royreeve.com). Any questions, contact chairperson, Carol Losquadro 631-298-4700 x105 closquadro@royreeve.com**