



# College Scholarship Program

For Children of Montefiore  
Associates

**Montefiore**

## Application Instructions

### Qualifications for a scholarship at Montefiore:

1. Student(s) must be a dependent of a regular full-time employee. All full-time regular Associates who have been employed by Montefiore for at least one (1) year prior to application.
2. Total family income and general expenses must be shown to demonstrate financial need.
3. Applicant must provide complete information on scholarships, granted, and or awards by all sources.
4. Applicants must provide letter of acceptance or transcript indicating enrollment on a full-time basis at an accredited two or four year College/University.

### Procedures:

**The forms listed below must be completed and submitted to the Tuition Office no later than July 1, 2016.**

1. A completed 2016 Montefiore Scholarship application (see attached)
2. A copy of the CSS/Financial Aid Profile mailed from the College Board. Registration is available online at [www.collegeboard.org](http://www.collegeboard.org)

### Directions to register:

1. Click for students link
2. Click CSS Profile Link
3. Click 2016-2017 profile link
4. Click create user name
5. Follow instructions to register

Applicants must submit online the College Scholarship Service form to the College Board along with the respective processing fee. Applicants must also request on the CSS online form that the information be sent to Montefiore by entering the following information under Section G of the online form. We only accept information sent directly to MMC from the College Board. If you have any questions regarding the College Board process, please call 305-829-9793 to speak with a College Board Representative.

<u>Name</u>	<u>City, State</u>	<u>CSS Code No.</u>
<b>Montefiore</b>	<b>Bronx, NY</b>	<b>0506</b>

3. A college Financial Aid Statement form (use attached form) must be completed by the college financial aid office. **DO NOT FILL OUT THIS FORM YOURSELF.**
4. A letter of Acceptance if the dependent is a new student or a transcript of grades from last semester if the student is continuing in school.

**IF FOR ANY REASON THESE FORMS ARE NOT COMPLETED AND RECEIVED BY JULY 1<sup>ST</sup> 2016, THE APPLICATION CANNOT BE PROCESSED BY THE TUITION OFFICE. THERE WILL BE NO EXCEPTIONS. IF YOU ARE UNCLEAR ABOUT ANY OF THE ABOVE INSTRUCTIONS, PLEASE CALL 914-349-8563 OR EMAIL [TUITION@MONTEFIORE.ORG](mailto:TUITION@MONTEFIORE.ORG). PLEASE DO NOT WAIT UNTIL DEADLINE DATE.**

**Montefiore**

**2016 Scholarship Application**

**Employee Information**

Name: \_\_\_\_\_ EZID: \_\_\_\_\_ Date Hire: \_\_\_/\_\_\_/\_\_\_

Home Address: \_\_\_\_\_ Apt# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Phone # (\_\_\_\_) \_\_\_\_\_ Department Phone # (\_\_\_\_) \_\_\_\_\_

Moses       Weiler       North Division       CMO/EHIT       MMG

Position \_\_\_\_\_ Department \_\_\_\_\_

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**Student Information**

Name: \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Freshman       Sophomore       Junior       Senior

Have you received a Montefiore Scholarship in the past:  Yes  No

Name of College \_\_\_\_\_

Address \_\_\_\_\_

College Phone # (\_\_\_\_) \_\_\_\_\_

Where will you be living during the school year?

Home       Dormitory/ Off Campus Housing      Cost for the year \$ \_\_\_\_\_

*I certify that the information provided on this application is complete and accurate.*

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Return completed application to: Tuition Office, Benefits Department  
111 East 210<sup>th</sup> Street Bronx, NY 10467 No later than July 1<sup>st</sup>, 2016**

**Montefiore**

**2016-2017 College Financial Aid Statement**

Dear Financial Aid Officer:

As part of the application process for the 2016 Montefiore Scholarship program, it is a requirement to submit an official statement from the registered college/university listing all scholarship aid(s) that will be received and total tuition cost during the academic year of 2016/2017.

For this reason, I am requesting that you complete and sign the lower portion of this form and affix the official college seal in the place indicated below.

Thank You

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Print Name

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Total Tuition for 2016/2017	\$ _____
Cost of Room and Board for the year	\$ _____
Pell Award	\$ _____
TAP Award Per Year	\$ _____
Regents Scholarship	\$ _____
Scholarship from College	\$ _____
Other (excluding loans)	\$ _____
<b>Total Scholarship Aid</b>	<b>\$ _____</b>

\_\_\_\_\_  
Financial Aid Officer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Official School Seal

PLEASE NOTE: The school seal must be stamped on this request. If the school seal is unavailable, this statement of aid must appear on official college letterhead signed by the Financial Aid Officer.

**PLEASE RETURN THIS FORM TO:**  
**(No later than July 1, 2016)**

**Tuition Office, Benefits Department**  
**111 East 210<sup>th</sup> Street Bronx, NY 10467**

**Montefiore**