

ULSTER COMMUNITY COLLEGE FOUNDATION, INC.  
PO Box 557  
491 Cottekill Road  
Stone Ridge, NY 12484

**Arthur A. Reilly Memorial Scholarship Application and Instructions**

A scholarship is available to a graduating student from an Ulster County High School attending Ulster County Community College for the Fall 2011/Spring 2012 semesters, and majoring in Criminal Justice. The criteria for this award are as follows:

- The recipient shall intend to pursue a career in Criminal Justice, preferably as a New York State Trooper or a Police Officer.
- The recipient must be a graduate of a high school located in Ulster County, New York.
- The recipient must demonstrate financial need.
- The recipient shall have been an “average” high school student with a grade point average of approximately 80%.
- During high school, the recipient must have held outside paid employment.

Your application should be completed and mailed to the Ulster Community College Foundation, Inc., P.O. Box 557, Stone Ridge, New York, 12484, **no later than Friday, February 18, 2011.**

You must complete all items on the application. Where an item is not applicable, please enter “N/A”. The certification statement must also be signed. Should you have any questions, please call (845) 687-5293.

The committee may request interviews with applicants. Financial support already provided through the College Scholars Program may be considered in the award process.

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491 Cottekill Road  
Stone Ridge, NY 12484

**2011 ARTHUR A. REILLY MEMORIAL SCHOLARSHIP APPLICATION**

NAME: \_\_\_\_\_ Student ID #: U 0 0 - \_\_\_\_ - \_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City Zip

TELEPHONE: ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

HIGH SCHOOL: \_\_\_\_\_ AVERAGE \_\_\_\_\_

Number of Credits you plan to take during the Fall 2011 semester: \_\_\_\_\_

Number of Credits you plan to take during Spring 2012 semester: \_\_\_\_\_

HAVE YOU APPLIED FOR FINANCIAL AID?: YES \_\_\_\_\_ NO \_\_\_\_\_

CAREER GOAL: \_\_\_\_\_

MAJOR AT UCCC: \_\_\_\_\_

NAME OF EMPLOYERS WHILE IN HIGH SCHOOL: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**On a separate sheet of paper, please state why you wish to be considered for a scholarship and why the Committee should select you as a recipient. (Your statement must be typed and signed, and may not exceed one page in length.)**

Upon submission of this application, I hereby authorize the Scholarship Committee to review copies of my high school and college transcripts for purposes of academic evaluation. I hereby state that all information given is accurate, complete and true. I also understand that, should I discontinue attendance at SUNY Ulster, my award will be rescinded.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**NOTE: This form, along with your personal statement, must be completed and mailed to the Ulster Community College Foundation, Inc., P.O. Box 557, Stone Ridge, NY 12484 or faxed to (845) 687-5275 on or before Friday, February 18, 2011.**