

2012 Scholarship Test Application

High School or College (circle one)

Date: _____

Name of Student Applicant: _____

Home Address: _____

City _____

State _____ Zip: _____

Home Phone: _____ SS#: _____

Date of Birth: _____

Email address: _____

Member Associated w/Applicant:

_____ Card # _____

Phone # _____

Active ___ or Retired ___

If Active: Command: _____

Date of Retirement: _____

Relationship To Applicant: _____

Email address: _____

Please forward completed Application by 02/17/2012 to

Steuben Association

P.O. Box 678 Peck Slip Station

New York, NY 10272