ADVOCATES FOR UPSTATE The Advocates Nellie Hurley Scholarship Application

Fall Semester 2024

DEADLINE: Must be received in The Advocates office by NOON Fri. June 28, 2024 <u>All requested information must be provided</u>. Form must be signed or application will not be considered. Please minimize use of abbreviations.

Name			
Address			
City	State	Zip	
Work Phone		Home Phone	
Department Name/extension		E-Mail	
Downtown Campus Community Campus Start Date at Upstate			
Current Job Title			

Academic Goals	
Major	What degree are you pursuing?
What college/univer	rsity are you attending?
When do you expect to complete your course work?	
What are your plans when you complete your degree?	
How many credits e a	arned toward this goal?
What is your cumula	ative grade point average? **Attach latest transcript(s) (must show all courses taken)
Semester Entering	
Education	

Date of high school graduation:

Degrees earned since high school/other academic achievements:

Work Experience

Briefly describe your work experience at Upstate University Hospital:

Other work experience:

Financial

What is your tuition for FALL semester? \$____

After you have applied all your financial aid or other scholarships or awards that you have received, how much in aid are you seeking from the Advocates? \$

Please detail costs of required fees

When is money due for registration?

Semester begins:

Name and address of bursar:

Signature

Date

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Return Completed Application To: Jonathan Adler Advocates Administrative Coordinator The Advocates for Upstate Medical University 750 East Adams St. (Room 311, CAB) Syracuse, NY 13210 advocates@upstate.edu

5/2024