NICK LUDWA & ADAM GLASER EQUITABLE ADVISORS FINANCIAL ADVISORS NIAGARA FALLS SCHOLARSHIP APPLICATION

FOR OFFICE USE ONLY	
AVG	RANK

To be completed by Student Support Services A copy of your Transcript will be included with this application.

NAME	ADDRESS
(ATTACH ADDITIONAL SHEET	OR RESUME IF NEEDED)
SCHOOL ACTIVITIES AND SPO	RTS IN WHICH YOU HAVE PARTICIPATED
	TEER WORK
ACTIVITIES OUTSIDE OF SCHO	OL
AWARDS/NOMINATIONS	
WORK EXPERIENCE	
LIST THE COLLEGES TO WHICH	H YOU HAVE APPLIED **(Please circle the College you plan to attend.)
WHAT IS YOUR INTENDED MA	JOR/CAREER PLANS
PARENT OR GUARDIAN(S) NAM PARENT OR GUARDIANS OCCU NAMES AND AGES OF BROTHE	ME(S)
	PLEASE INCLUDE A BRIEF SUMMARY OF WHAT MAKES YOU AN ALL AROUND IE COMMUNITY AND WHY WE SHOULD CONSIDER YOU FOR THIS AWARD. LIMIT OS
**Letters of reference from N	iagara Falls school employees are encouraged to be included but not mandatory*:
APPLICATION MUST BE SUI	BMITTED TO GUIDANCE OFFICE BY MAY 15th OF GRADUATION YEAR.