SCOTTISH AMERICAN SOCIETY SCHOLARSHIP APPLICATION

Please complete this form and return it to Jan Kostolansky, 17 Kahler Road South, Elmira, New York 14903 by April 30, 2020

NAME			
	(Last)	(First)	(Middle Initial)
ADDRESS		TOWN	ZIP
PHONE			
PARENT OR G	UARDIAN'S FULL NAM	ME	
	HONE, IF DIFFERENT:		
NAME OF COL	LEGE ATTENDING OR	R COLLEGES TO WHICH YOU HA	VE APPLIED:
PLEASE SUBM OF YOUR GUID	IT A COPY OF YOUR N DANCE COUNSELOR:	MOST RECENT TRANSCRIPT OR	NAME & PHONE NUMBER
SCHOOL & CO	MMUNITY ACTIVITIES		
ON A SEPARAT LITERATURE, M	E SHEET, PLEASE EXF IUSIC AND/OR ART.	PLAIN YOUR INTEREST IN SCOTT	TISH HERITAGE, HISTORY,
SIGNATURE OF	APPLICANT:		