SUNY PLATTSBURGH
Ingrun Lafleur Memorial Scholarship
Application Form

Submit to:
The Center for Student Involvement
Angell College Center 110

Application DEADLINE
March 24, 2014

The Ingrun Lafleur Scholar will have:
• Overcome significant difficulties in her life;
• The potential to serve as a catalyst for positive change in the lives of others;
• Financial need;
• Preference will be given to women who reside in Essex County; candidates from Franklin, Warren or Washington Counties will be considered.

If you would like to apply for this scholarship please complete this application form and write a brief (two-page) essay explaining how you fit the above criteria. Tell us your plans for college and beyond.

(Please type or print)
Name _________________________________________________________________

Campus/Local Address _____________________________________________________

____________________________________________________

Local Phone ___________________________   E-mail ___________________________

Home/Permanent Address: _________________________________________________

_________________________________________________

County of: ___ Essex, NY   ___ Franklin, NY   ___ Warren, NY   ___ Washington, NY

Home Phone ___________________________

Date of Birth ___________________________   Student ID # ___________________
Major _________________________________  Total Credit Hours to Date ________

Anticipated Date of Graduation ______________________________________________

Please list names, addresses, and phone numbers of THREE references we can contact:

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**Buckley Amendment Release**

I hereby authorize the members of the Ingrun Lafleur Memorial Scholarship Committee to review, confirm and discuss my grades and record of co-curricular activities in order that I may be considered for the Ingrun Lafleur Memorial Scholarship Award.

Applicant’s Name (please print) _____________________________________________

Applicant’s Signature _____________________________________________________

Date _____________________________

I fully understand the terms and conditions of this scholarship and hereby affirm that all of the information I have provided in this application is true.

Applicant’s Name (please print) _____________________________________________

Applicant’s Signature _____________________________________________________

Date _____________________________

(Attach your essay to this form!)