

Great Neck Union Free School District

Request to the Board of Education to Establish a Scholarship

Date:

Scholarship Name:

Contact Person:

Contact Person Address:

Contact Person Phone Number:

Please check school(s)

North High School ☐ South High School ☐ Village School ☐
North Middle School ☐ South Middle School ☐

If alternating schools each year, which school should be first:

Amount of annual student scholarship (per student if multiple awardees):

Number of student recipients Must the student be in the top grade of the school?

Specific Criteria (please consult with schools and detail below)

Administrator Signature

For District Use Only Date Approved by Board of Education

Scholarship (CM Account #)