

**City University of New York
Matthew Goldstein Scholarship Application**

Name: _____
Last First

Address: _____
Street City State Zip Code

Home Phone: _____ **Cell Phone:** _____

Email: _____

Last 4 digits of Social Security Number: _____

Campus Attending: _____

Anticipated Degree: _____ **Program/Major:** _____

Date entered CUNY: _____ **Anticipated Date of Graduation:** _____

Cumulative G.P.A. _____ **Number of Credits Earned:** _____

Number of Completed Semesters: _____

Registered with Campus Office of Disability Services Yes: _____ No: _____

Certified by Financial Aid Office for ADA TAP Program: Yes: _____ No: _____

- On a separate sheet of paper please submit a personal statement of no more than 500 words that includes your goals, challenges and how this scholarship will help you to achieve your aspirations.
- Please attach a student copy of your transcript.
- Please include signed copy of eligibility for Matthew Goldstein Scholarship (on page 2).
- Please provide a letter of recommendation from someone who can speak to your ability to persist and overcome obstacles in order to reach your goals.

By completing this application you are giving the scholarship committee permission to review your student records for the purpose of assessing eligibility.

Signature: _____

Date: _____

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Certification of Eligibility for Matthew Goldstein Scholarship

Dear Director of Services for Students with Disabilities,

The student named below is applying for the Matthew Goldstein scholarship. Kindly provide the following information.

Name of student

Registered with Campus Office of Disability Services Yes: _____ No: _____

Certified by Financial Aid Office for ADA TAP Program: Yes: _____ No: _____

Thank you

Signature of Certifying Official

Print Name

Title

Date