



College Scholarship Program

For Children of Montefiore
Associates

Montefiore

Application Instructions

Qualifications for a scholarship at Montefiore:

1. Student(s) must be a dependent of a regular full-time employee. All full-time regular Associates who have been employed by Montefiore for at least one (1) year prior to application.
2. Total family income and general expenses must be shown to demonstrate financial need.
3. Applicant must provide complete information on scholarships, granted, and or awards by all sources.
4. Applicants must provide letter of acceptance or transcript indicating enrollment on a full-time basis at an accredited two or four year College/University.

Procedures:

The forms listed below must be completed and submitted to the Tuition Office no later than July 1, 2024.

1. A completed 2024 Montefiore Scholarship application (see attached)
2. A copy of the CSS/Financial Aid Profile mailed from the College Board. Registration is available online at www.collegeboard.org

Directions to register:

1. Click for students link
2. Click CSS Profile Link
3. Click 2024-2025 profile link
4. Click create user name
5. Follow instructions to register

Applicants must submit online the College Scholarship Service form to the College Board along with the respective processing fee. Applicants must also request on the CSS online form that the information be sent to Montefiore by entering the following information under Section G of the online form. We only accept information sent directly to MMC from the College Board. If you have any questions regarding the College Board process, please call 305-829-9793 to speak with a College Board Representative.

<u>Name</u>	<u>City, State</u>	<u>CSS Code No.</u>
Montefiore	Bronx, NY	0506

3. A college Financial Aid Statement form (use attached form) must be completed by the college financial aid office. **DO NOT FILL OUT THIS FORM YOURSELF.**
4. A letter of Acceptance if the dependent is a new student or a transcript of grades from last semester if the student is continuing in school.

IF FOR ANY REASON THESE FORMS ARE NOT COMPLETED AND RECEIVED BY JULY 1ST 2024, THE APPLICATION CANNOT BE PROCESSED BY THE TUITION OFFICE. THERE WILL BE NO EXCEPTIONS. IF YOU ARE UNCLEAR ABOUT ANY OF THE ABOVE INSTRUCTIONS, PLEASE EMAIL TUITION@MONTEFIORE.ORG OR FAX 914-349-8584. PLEASE DO NOT WAIT UNTIL THE DEADLINE DATE.

Montefiore

2024 Scholarship Application

Employee Information

Name: _____ EZID: _____ Date Hire: ___/___/___

Home Address: _____ Apt# _____

City _____ State _____ Zip Code _____

Contact Phone # (____) _____ Department Phone # (____) _____

Moses Weiler North Division CMO/EHIT MMG

Position _____ Department _____

Student Information

Name: _____ Date of Birth ___/___/___

Freshman Sophomore Junior Senior

Have you received a Montefiore Scholarship in the past: Yes No

Name of College _____

Address _____

College Phone # (____) _____

Where will you be living during the school year?

Home Dormitory/ Off Campus Housing Cost for the year \$ _____

I certify that the information provided on this application is complete and accurate.

Student Signature

Date

Parent/Guardian Signature

Date

**Return completed application to: Tuition Office, Benefits Department
Email Tuition@Montefiore.org or fax 914-349-8584 no later than
July 1st, 2024**

Montefiore

2024-2025 College Financial Aid Statement

Dear Financial Aid Officer:

As part of the application process for the 2024 Montefiore Scholarship program, it is a requirement to submit an official statement from the registered college/university listing all scholarship aid(s) that will be received and total tuition cost during the academic year of 2024/2025.

For this reason, I am requesting that you complete and sign the lower portion of this form and affix the official college seal in the place indicated below.

Thank You

Associate Name: _____

Signature of Student

EZID: _____

Print Student Name

Total Tuition for 2024/2025	\$ _____
Cost of Room and Board for the year	\$ _____
Pell Award	\$ _____
TAP Award Per Year	\$ _____
Regents Scholarship	\$ _____
Scholarship from College	\$ _____
Other (excluding loans)	\$ _____
Total Scholarship Aid	\$ _____

Financial Aid Officer Signature

Date

Official School Seal

PLEASE NOTE: The school seal must be stamped on this request. If the school seal is unavailable, this statement of aid must appear on official college letterhead signed by the Financial Aid Officer.

**PLEASE RETURN THIS
FORM TO: (No later than July
1, 2024)**

**Tuition Office, Benefits Department
Email Tuition@Montefiore.org or
Fax 914-349-8584**

Montefiore