

**MID-HUDSON SCHOLARSHIP FUND APPLICATION**  
**2025-2026 MID-HUDSON SCHOLARSHIP FUND PROGRAM**

**DEADLINE: POSTMARKED BY March 31, 2025**

Student Name \_\_\_\_\_

Student ID No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

College Address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Permanent Address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Primary e-mail address \_\_\_\_\_

\*We will use the permanent address and e-mail address you provide to communicate with you.

Spring 2023 Class Year: Freshman \_\_ Sophomore \_\_ Junior \_\_ Senior \_\_ Graduate \_\_

Academic Major \_\_\_\_\_

Cumulative Credits Completed \_\_\_\_\_ Cumulative Average \_\_\_\_\_

Expected Date of Graduation \_\_\_\_\_

Mid-Hudson Scholarship Fund Scholarships for which you are applying:

- \_\_\_\_\_ Mid-Hudson Scholarship Fund General Scholarship
- \_\_\_\_\_ Mid-Hudson Scholarship Fund Merit Scholarship
- \_\_\_\_\_ Mid-Hudson Scholarship Fund Virtue Scholarship
- \_\_\_\_\_ Ruth Cleveland Endowed Scholarship
- \_\_\_\_\_ Friends of Rhoda Scholarship

Names of two (2) faculty or staff members whom you will ask to provide references:

Name \_\_\_\_\_

Department \_\_\_\_\_

Name \_\_\_\_\_

Department \_\_\_\_\_

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_

**YOU MUST SUBMIT A TRANSCRIPT WITH THIS FORM.**  
**MORE INFORMATION ON THE FOLLOWING PAGE.**

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Please list all extracurricular activities.

On campus: \_\_\_\_\_ Degree/Level of Participation: \_\_\_\_\_

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Off campus: \_\_\_\_\_ Degree/Level of Participation: \_\_\_\_\_

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Have you applied for financial aid for 2023-2024?                      YES              NO

Please attach a one page essay stating why you should be considered for a Mid-Hudson Scholarship Fund Scholarship.

If selected for any scholarship, I allow the Mid-Hudson Scholarship Fund to publicize this award.

Student's Signature \_\_\_\_\_

Please indicate if you are a first generation college student.                      YES              NO

Please indicate if either parent/relative is a graduate of SUNY New Paltz.

Name \_\_\_\_\_ Year of Graduation \_\_\_\_\_

Name \_\_\_\_\_ Year of Graduation \_\_\_\_\_

**NOTE:**

***Applicants are responsible for seeing that their application is complete and includes faculty recommendations.***

**Submit completed applications to:**

Mid-Hudson Scholarship Fund  
10 Michelle Drive  
Gardiner, NY 12525

**Or email completed applications to: [mid-hudsonscholarshipfund@outlook.com](mailto:mid-hudsonscholarshipfund@outlook.com)**

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