

NYSAER Scholarship Application Form

Name: _____

Address: _____

Phone: _____

E-mail: _____

AER Member Number: _____

Name of College/University: _____

Course of Study: _____ GPA: _____

Employer: _____

Is your employer paying your tuition? Yes _____ No _____

If yes, Please explain: _____

Have you applied for and/or received additional scholarships? If so, how much have you received?
