

# Amsterdam Teachers' Association

102 CAROLINE STREET  
AMSTERDAM, NEW YORK 12010



AMSTERDAM TEACHERS' ASSOCIATION  
PARENTS • COMMUNITY

Office of the  
President

518-842-1270

## AMSTERDAM TEACHER' ASSOCIATION SCHOLARSHIP APPLICATION

Today's Date \_\_\_\_\_

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

High School Attending \_\_\_\_\_

Family Member's Name \_\_\_\_\_

Family Member's School \_\_\_\_\_

What College(s) Have You Applied To? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What Will Be Your Area Of Study (Nursing, Teaching, Liberal Arts, etc.)? \_\_\_\_\_

\_\_\_\_\_

Have You Been Accepted? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Not Known