ADELAIDE H. STERNFELD/ALUMNI ORGANIZATION ENDOWED SCHOLARSHIP

Dear Applicant:

The Hofstra University Alumni Organization established the Adelaide H. Sternfeld/Alumni Organization Endowed Scholarship to provide financial assistance to undergraduate students who are offspring of Hofstra University alumni.

This scholarship is named for Adelaide Hamburger Sternfeld, a member of the Class of 1939- Hofstra’s first graduating class. Adelaide was a loyal and dedicated alumna, who cared deeply for her family and friends. She worked tirelessly for the advancement of her alma mater. Her memory will live on through this scholarship, continuing her devotion to Hofstra, its alumni and students.

The award is given annually and the candidates must apply for a renewal for each of their subsequent years at Hofstra. The amount each year will be determined by the availability of funds, the number of recipients and the discretion of the committee.

There will be two (2) categories of scholarship awarded. One will be based on financial need and the other based on scholastic achievement and outstanding participation in extracurricular activities including community/school service.

The attached application must be completed and submitted by Monday, March 22, 2004 to:

The Adelaide H. Sternfeld/Alumni Organization
Endowed Scholarship Committee
c/o Anthony Canino
Alumni House
150 Hofstra University
Hempstead, NY 11549-1500

Applications must be legible (preferably typed) and fully completed in order to be considered. All applicants will be notified in April of the committee’s decision.

If you have any questions, please contact Anthony Canino, Associate Director of Alumni Relations, at (516) 463-6636.

Cordially,

The Alumni Organization Scholarship Committee
ADELAIDE H. STERNFLED/ALUMNI ORGANIZATION ENDOWED SCHOLARSHIP

Information Authorization Form

To: Office of Financial Aid, Hofstra University
   Office of Admissions, Hofstra University

From: ________________________________________________________________
      Print Full Name

HU ID #: __________________________________________________________

Freshman or Transfer students ONLY:

Social Security #: _________________________________________________

I authorize the Offices of Admissions and Financial Aid to release to the Alumni Organization
Endowed Scholarship Committee (c/o the Alumni Relations Office) information on my academic
records and my financial status, including college costs and other scholarships, grants, loans or
discounts that will be awarded to me.

This information will be confidential.

_________________________________________   __________________________
   Applicant Signature                          Date

_________________________________________   __________________________
   Parent Signature                             Date
ADELAIDE H. STERNFELD/ALUMNI ORGANIZATION
ENDOWED SCHOLARSHIP
APPLICATION

Name_____________________________________________ Date of Birth_________________

Address_______________________________________________________________________

Telephone____________________ HU ID #____________________ SS #:  ________________

(Freshman or Transfer students ONLY)

E-mail______________________________________________________________

Family alumnus/a: __Mother __Father __Grandmother __Grandfather
__Great Grandmother __Great Grandfather

Alumnus/a information

Name___________________________________ Maiden Name__________________________
Year of graduation______________________ Degree and Major_______________________
Occupation___________________________ Employer____________________________

Name___________________________________ Maiden Name__________________________
Year of graduation______________________ Degree and Major_______________________
Occupation___________________________ Employer____________________________

Current Hofstra Students - please complete items A through C
Transfer Students - please complete items A through E
New Students - please complete items F through I

A. Current Year in attendance (fr., soph., etc.)__________________________________
B. GPA____________________________
C. Major___________________________
D. Name of current College/University_____________________________________
E. Address of current College/University____________________________________
F. Name of High School_________________________________________________
G. Class Rank_______ out of______ students.  H. Grade Point Average_______
I. SAT Scores: Verbal_______ Math__________

If you are a current Hofstra student and have previously received the Adelaide H.
Sternfeld/Alumni Organization Endowed Scholarship, please indicate the date(s)
Please list, with dates, your extra-curricular activities and/or special honors or awards you have received during your high school/college career ____________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Please list, with dates, your community service activities or activities you participated in outside of school ____________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Please list, with dates, your employment experience ________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Please list any extra-curricular or athletic activities that you hope to participate in at Hofstra ____________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Please tell us the field of study that you are interested in pursuing on the college level________
_____________________________________________________________________________

If you are an entering freshman, do you intend to work during your first year of college? ______
How many brothers and sisters do you have? __________
Are you the recipient of any other scholarships? __________
If yes, please name the scholarship(s) and the amount(s).________________________________
_____________________________________________________________________________
_____________________________________________________________________________

In one or two double-spaced, typed page(s), tell us why you feel you should be the recipient of this scholarship. Be sure to keep a copy of all information for your records.

I am applying for this scholarship based on:
_____ Financial Aid _____ Overall Academic and Extra-curricular Performance _____ Both

_____________________________  _______________________________
Student Signature          Parent Signature

_____________________________  _______________________________
Date                      Date