

# 2017 SUMMER INSTITUTE SCHOLARSHIP APPLICATION FORM



PARTICIPANT NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_ CELL PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_

GRADE ENTERING FALL 2017 (CIRCLE ONE)      10      11      12

E-MAIL \_\_\_\_\_

TO APPLY FOR A SUMMER INSTITUTE SCHOLARSHIP PLEASE SUBMIT THE FOLLOWING:

1. A letter from the participant describing their interest in the program
2. A copy of your 2016 federal tax return

PLEASE RETURN THE APPLICATION AND SUPPORTING MATERIALS AS SOON AS POSSIBLE TO:

[summerinstitute@stonesbarnscenter.org](mailto:summerinstitute@stonesbarnscenter.org)

or mail to:

STONE BARNES CENTER FOR FOOD AND AGRICULTURE  
Summer Institute  
630 Bedford Road  
Pocantico Hills, NY 10591

If you have any questions please contact summer institute at 914 366 6200 x111 or via e-mail at  
[summerinstitute@stonebarnscenter.org](mailto:summerinstitute@stonebarnscenter.org)