THE COLLEGE OF SAINT ROSE

Mary H. Langan/Langan Group Endowed Scholarship

Scholarships will be awarded to employees of the Langan Group and their immediate family members.

Student Eligibility Form

Student Name:	Date:	
Address:	Phone:	
City:	State:	Zip Code:
Email address:		
Date of Application for Admission to The College of Saint Rose:		
Student Status:		
☐ Undergraduate, entering freshman	☐ Undergr	raduate, transfer
☐ Graduate		
Relationship to Langan Group employee: Self Spouse Child Other, Please specify		
Name of Langan Group employee (other than self):		
Address of employee:		
Employee Phone:		
Signature of Student		Date:

Student Eligibility Form must be submitted by June 1 for consideration for the Fall semester to:

THE COLLEGE OF SAINT ROSE
OFFICE OF INSTITUTIONAL ADVANCEMENT
432 WESTERN AVENUE
ALBANY, NEW YORK 12203

ATTN: DANA CARDONA 518.337.2305, email: <u>cardonad@strose.edu</u>