



Please print out and complete this application and return it to:

SOS Shelter  
PO Box 393  
Endicott, NY 13761

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

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Social Security # \_\_\_\_\_

What services did you receive from the SOS Shelter? \_\_\_\_\_

\_\_\_\_\_

When did you receive services? \_\_\_\_\_

Was your name different at that time?      Yes      No

If yes, please indicate what your name was \_\_\_\_\_

Is your life currently free from abuse from any other individual?      Yes      No

If you received this scholarship, would you be willing to have your name publicly announced?

Yes      No

Why do you need the additional support that would be supplied by this scholarship?

\_\_\_\_\_

\_\_\_\_\_

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