



MAHARASHTRA MANDAL NEW YORK, A Non-Profit Organization.

www.mmny.org

Tax ID# 51-0235-173

SCHOLARSHIP APPLICATION FORM

Name:	
Address:	
Telephone:	
Name & Address of high school/college attended in US/India:	
Date of graduation: Class Rank/Grade (attach report card):	
SAT/GRE/ GMAT/ MCAT Score:	
Any award of distinction received: (Use separate sheet if necessary)	
Name of college enrolled in US:	
Desired Degree: (B.S./M.S./Ph.D. etc.)	
First Semester G.P.A. (if any):	



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Declaration:

I, _____, hereby swear & affirm that information stated above is true and accurate. I agree to repay the scholarship amount to Maharashtra Mandal, NY, if this information is found to be incorrect.

Signature: _____ Date: _____

References: (in USA)

1. Name: _____ Tel. No.: _____

Address: _____

2. Name: _____ Tel. No.: _____

Address: _____

Eligibility Rule: Only members or children of members who held Maharashtra Mandal, NY membership for past 3 years or more are eligible to apply for scholarship.

Recipient of scholarship should be present in person to receive the scholarship award.