City University of New York
Matthew Goldstein Scholarship Application

Name: _____
           Last   First

Address: _____
           Street   City   State   Zip Code

Home Phone: _____   **Cell Phone**: _____

Email: _____

Last 4 digits of Social Security Number: _____

Campus Attending: _____

Anticipated Degree: _____   **Program/Major:** _____

Date entered CUNY: _____   **Anticipated Date of Graduation:** _____

Cumulative G.P.A. _____   **Number of Credits Earned***: _____

Number of Completed Semesters: _____

Registered with Campus Office of Disability Services   Yes: _____   No: _____

Certified by Financial Aid Office for ADA TAP Program: Yes: _____   No: _____

- **On a separate sheet of paper please submit a personal statement of no more than 500 words that includes your goals, challenges and how this scholarship will help you to achieve your aspirations.**
- **Please attach a student copy of your transcript.**
- **Please include signed copy of eligibility for Matthew Goldstein Scholarship (on page 2).**
- **Please provide a letter of recommendation from someone who can speak to your ability to persist and overcome obstacles in order to reach your goals.**

By completing this application you are giving the scholarship committee permission to review your student records for the purpose of assessing eligibility.

Signature: _____

Date: _____

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Certification of Eligibility for Matthew Goldstein Scholarship

Dear Certifying TAP official,

The student named below is applying for the Matthew Goldstein scholarship. This scholarship is for students who are certified for ADA TAP and will be depleting their TAP in the upcoming school year. The scholarship is awarded in the form of a tuition waiver for the unmet TAP. Kindly provide the following information regarding the candidate's eligibility to compete for this award.

_____
Name of student

Certified by Financial Aid Office for ADA TAP Program: Yes: _____   No: _____

Student will deplete TAP during the upcoming school year: Yes: _____   No: _____

Thank you

_____
Signature of Certifying Official

_____
Print Name

_____
Title

_____
Date