



Newport Centre, 30 Mall Drive West, Jersey City, NJ 07310 Tel (201) 420-0043 Fax (201) 420-1983  
SandraGlennFoundation.org

**Sandra and Glenn D. Cunningham Foundation**

**SCHOLARSHIP/MENTORING PROGRAM STUDENT APPLICATION**  
***Returning Student***

Sandra B. Cunningham  
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Larry Eccleston  
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*Legal Advisor*

(Please print in ink or type)

\_\_\_\_\_  
First Name Last Name Middle Initial

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Birth Day Social Security #

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Phone# Email Address

\_\_\_\_\_  
College Currently Attending Expected Graduation Date

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Date of Return: \_\_\_\_\_

Family Information (Please list first the parent/guardian with whom you live.)

Mr.  Mrs.  Ms. (Check One) Name: \_\_\_\_\_

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Relationship to you Email Address

\_\_\_\_\_  
Occupation Employer Name

(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Business Phone Mobile Phone

**THIS APPLICATION SHOULD BE FULLY COMPLETED AND RETURNED WITH THE FOLLOWING:**

1. Attached a 300 word essay describing your future career goals.
2. School Transcript.

Please return by April 30<sup>th</sup> to: Sandra B. Cunningham  
President Emeritus