

**MUST BE POSTMARKED ON
OR BEFORE FEBRUARY 15**

Alzheimer's Foundation of America

322 Eighth Avenue, 7th Floor

New York, NY 10001

866.232.8484

www.alzfdn.org



DATE: _____
MM/DD/YY

GENERAL INFORMATION - Please print neatly and in black ink.

APPLICANT INFORMATION

Applicant's Name: _____
Last First Middle

Male _____ Female _____

Home Address: _____
Number and Street Apartment

Date of Birth _____
MM/DD/YY

City State Zip

SS# _____

Home Telephone: (____) _____ Email: _____

Current Grade _____

FAMILY INFORMATION

Parent/Guardian I: Female Male

Last Name First Name Relationship to Applicant

Home Address (Number and Street) Apartment City / State / Zip

Home Telephone Email

Parent/Guardian II: Female Male

Last Name First Name Relationship to Applicant

Home Address (Number and Street) Apartment City / State / Zip

Home Telephone Email

CITIZENSHIP INFORMATION - An applicant must be a citizen or permanent resident of the U.S.

U.S. Citizen Permanent Resident (Country of Citizenship) _____

U.S. Citizens must enclose a copy of their birth certificate
Permanent Residents must enclose a copy of their permanent residency documentation

CURRENT HIGH SCHOOL

Public Independent Parochial Military Other _____

Name of School: _____ Current Grade: _____

Address (Number and Street) City / State / Zip

(over)



Applicant's Name: _____ Social Security #: _____

HIGH SCHOOL GRADUATION INFORMATION

Graduation Date - Month: _____ Year: _____

Name of High School Principal: _____ Phone #: _____

Name of Guidance Counselor: _____ Phone #: _____

COLLEGE ENTRY INFORMATION

College Entry Date - Month: _____ Year: _____

The following documentation must be included with this application:

4 copies of your typewritten essay

1 copy of your typewritten biography

1 copy of your official high school transcript

U.S. Citizens must enclose a copy of their birth certificate

Permanent Residents must enclose a copy of their permanent residency documentation

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.