



APPLICATION

Vincent M. Sepe Memorial Scholarship Offered by the West Islip Chamber of Commerce

Must be returned to WICC by May 21, 2021

PLEASE SUBMIT COMPLETED FORM TO:
West Islip Chamber of Commerce
Attn: Scholarship Committee
P.O. Box 58 • West Islip, NY 11795

(PLEASE PRINT OR TYPE)

Name: _____

Address: _____

Telephone: _____

School you'll be attending: _____

Goals: _____

Activities

Please describe your extra-curricular activities (school sponsored or Community), include the nature and extent of your involvement. Attach additional pages if needed.

| Organization | Involvement | Year |
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