



2021 Raymond R. Delaney Annual Memorial Scholarship

NOMINATION FORM

(Complete the information below to receive an application packet.)

Nominee's Name _____

Nominee's Address _____
Street Address

City State Zip Code

Nominee's Phone # _____

Nominee's E-mail Address _____

Educational Institution/University _____

Statement pertaining to why this individual is qualified or deserving of this scholarship.
(Please use additional paper if needed)

Your Name: (Dr. Mr. Mrs. Ms.) _____

Address: _____

Position: _____

Phone #: _____

Please complete and return to Deidre Hungerford, Associate Director for Business Development
at deidre@nyscoss.org no later than **June 30, 2021**.